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ABSTRACT

This book gives the views of parents in England, Wales, and Northern Ireland about ways in which elementary schools should use the time they have with students. Although the parents' comments were collected during the course of a 1985 survey on health education in elementary schools, the whole context of the education of 4- through 12-year-olds comes under scrutiny. Thirty sections present parents' attitudes on such topics as approval or disapproval of health education, the importance of the 3 Rs, concern for the manner in which the topic of health education is taught, the need for a shock-horror method (in relation to substance abuse), the possibility of conflict between home and school attitudes, parents' need to be informed of the curriculum, different health priorities in different communities, the lack of responsibility and caring in society, the influence of television, and the Bible and religion. For 43 listed physical and social health topics, parents were asked to checkmark or provide "just a tick" under one of six headings: (1) "should be included"; (2) "useful if time available"; (3) "undecided"; (4) "not important in this age group"; (5) "should be covered outside school"; or (6) "does more harm than good." Two versions of the questionnaire are provided, with space for comments. Questionnaires were returned by 15,770 parents; comments were offered by 3,507 parents; this report presents a representative selection of 481 comments. Appendices provide materials on regional differences, a ranked order of the survey topics, and guidelines on using the book. (RH)

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PARENTS AND HEALTH EDUCATION

What parents of primary-school children think about...

Questionnaire enquiries
School staff
The school syllabus
The '3 Rs'
The hidden curriculum
Shock-horror methods
Teacher training
Home-school conflict
Race and religion
TV
...and many other things!

Derived from a study of 5037 questionnaire comments from parents in England, Wales, and Northern Ireland.

JOHN BALDING

Director, HEA Schools Health Education Unit,
University of Exeter

1988

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Dedicated to those
who took the trouble
to share their opinions
— and to those
who will profit from them.

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All products from the HEA Schools Health Education Unit arise from team work, but those Unit members particularly involved with the preparation of this monograph include Teresa Code, Sally Forster, Val Hawkins, Angela Morrow, James Muirden, and Karyn Redman.

Who this book is for

The chance for parents to have a say in their children's education has never had stronger ministerial backing than it does now. Greater freedom to choose schools, and a substantial presence in governing bodies, makes 'parent power' an increasingly significant factor in educational planning.

This book gives the views of parents in England, Wales, and Northern Ireland on how primary schools should be using their time. Although the comments were collected during the course of a survey on health education in primary schools, it will be seen that the whole context of a child's education in the 4–12 age range comes under scrutiny.

These opinions, being anonymous, have been expressed with a vigour and honesty not always possible in parent-teacher meetings. Some parents, indeed, expressed their gratitude at being given the chance to speak their mind. It is only right that those who can learn from these very personal views should have the chance to do so.

Therefore this book will help...

Teachers — to reassess the curriculum and school ethos, and to defend their decisions.

Parents and governors — to reflect upon their own feelings with respect to what school offers their children.

Health-care professionals — to accommodate parents' attitudes towards health-related topics with the caring services in the community.

Appendix 3 outlines some strategies utilising these comments that might be useful within a school and its community.

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Introduction

In 1985, a survey was carried out within 11 Local Education Authorities in England, Wales and Northern Ireland to discover what primary-school pupils, parents, teaching staff and health-related professionals considered should be included in a school's 'health education' curriculum. The intention was to select a representative sample from the national community, the 11 Local Education Authorities being:

Devon	Nottingham
Gwynedd	Sandwell (West Midlands)
Hampshire	Shropshire
Liverpool	South Glamorgan
Newcastle	Northern Ireland
Norfolk	

Within each LEA the selection of schools was carefully balanced by the local co-ordinator to be representative of the area served by the Authority.

The basis of each questionnaire was a list of 43 topics for consideration by each respondent. The selection of the topics for the list was fundamentally important to the enquiry. It took a considerable amount of time, and a preliminary list containing 137 topics was reviewed by numerous professional groups (educationists, medics, nurses, social workers, road safety officers, police, clerics, etc.) as well as by parents, teachers and pupils. The content was revised, rewritten and reordered many times. Finally, pilot work in schools and survey work with extensive follow-up interviews produced two lists (A and B) totalling 43 topics.

These lists are shown overleaf, but since the topics are often referred to in the text by number alone they are also listed on the bookmark included with this monograph. List A topics may be perceived as mostly concerned with aspects of 'physical' health, whereas List B topics may be more conveniently labelled as aspects of 'social' health.

Each of the four questionnaires (for pupils, parents, teaching staff, and health-related behaviour personnel) contained these two topics lists, although the accompanying questions differed, being appropriate for the different groups to which they were addressed.

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THE 43 TOPICS LISTED IN *JUST A TICK*

LIST A

1. How my body works
2. Staying well
3. Immunisation (injections and drops)
4. Illness and recovery
5. Talking with doctors, nurses, dentists
6. Care of hair, teeth, skin
7. Care of eyes
8. Care of feet
9. How a baby is made (human reproduction)
10. Menstruation (periods)
11. Food and health
12. Drinking alcohol
13. Glue-sniffing
14. Smoking
15. Physical fitness
16. Understanding the needs of handicapped people
17. Understanding the needs of old people
18. Health and Social Services
19. Safety at home
20. Safety in traffic
21. Water safety
22. First Aid

LIST B

23. Family life
24. How to cope with being separated from your parents
25. Death and bereavement
26. Why people worry
27. How boys and girls behave
28. Differences in growth and development
29. Getting on with boys and girls the same age as yourself
30. Understanding people with different coloured skins or different religions
31. Feelings (love, hate, anger, jealousy)
32. Bullying
33. Feeling good about yourself
34. Making up our minds
35. Being honest
36. Being responsible
37. Spare-time activities
38. Being bored
39. Caring for pets
40. Vandalism
41. Stealing
42. Pollution
43. Conservation

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The *pupils' questionnaire* was quite simple, and was directed at finding out how interested they would be in each topic. Pupils in the Infant/First (5–7 age range) were excluded from this enquiry, information being derived by other means, but responses from 10,984 children in the Junior/Middle age range (8–12 years old) were processed. Throughout this monograph, these two age groups are referred to as 'I/F' and 'J/M' respectively.

Questionnaires to *parents* were sent home via the pupils with a covering letter explaining the purpose of the enquiry and inviting the child's mother, father or both to record their views on the importance of each topic in the curriculum of their child's school (see section 0.6). Two sets of questionnaires were used, one for parents of I/F school children, and the other for parents of J/M school children. Parents with children in both age ranges could complete two questionnaires. The topics lists were the same, but the supplementary questions differed. Completed questionnaires were received from 15,770 parents.

The purpose of the enquiry was explained to *teachers* at staff meetings within the selected schools. Members of staff were invited to complete the questionnaires with respect to their own school age-range. Completed questionnaires were received from 1,054 teachers.

Health-care professionals (GPs, school nurses, road safety officers, health education officers, etc.,) received special questionnaires by post with a covering letter. They were invited to respond with all I/F schools or J/M schools in mind, and many health-care professionals responded separately for schools of different age-range, producing a total of 449 completed questionnaires.

The full survey results are presented and analysed in the Unit's report entitled *Health Education Priorities and the Primary School Curriculum.* During the extensive data-processing work, however, attention was drawn to the use by parents of a space for any comments they would like to make, and the wealth of insights, wisdom, experience, and (dare we say?) prejudice that these comments revealed seemed worthy of placing on permanent record.

All products from the HEA Schools Health Education Unit arise from team work, but those Unit members particularly involved with the preparation of this monograph include Teresa Code, Sally Forster, Val Hawkins, Angela Morrow, James Muirden, and Karyn Redman.

John Balding
Director
HEA Schools Health Education Unit
September 1988

Parents and Health Education

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0. The parents' comments

At the end of the *Just A Tick* questionnaire for parents there was abundant space for them to express their views without the constraints of boxes to tick, numbers to circle, or spaces to fill in. The invitation took the form:

Any comments you would like to add (P.T.O. if necessary):

Of the 15,770 parents responding, 3507 (22.2%) did take the opportunity of using this space. This book presents a representative selection of 481 comments taken from a total of 5037 comments made by these parents.

0.1 Content analysis

A team of five researchers at Exeter undertook the task of content analysis of the written comments. Careful sifting of numerous comments and systematic trial analysis by the team members, together with trial reference to other experienced research workers in related fields, resulted in the identification of 30 different categories into which comments, or parts of them, could be placed. The content of some comments quoted did not fit tidily into just one of the 30 categories, but contain elements of others — which will have been recorded in the numerical analysis. The reader should bear such comments in mind when examining categories with which they overlap.

This content analysis produced the results portrayed in Table 0.1, which shows the 30 comment categories, the actual number of parents commenting in each category, the percentage this number represents out of the total number of parents making comments, and the rank order position of each category. The following points should be noted:

1. The numbers and percentages will add up to more than the total number of commenting parents, since some made more than one comment.
2. The most frequently-used categories were as follows:

=1. Additional topics suggested (15.6%)
=1. School and home (15.6%)
3. General approval of health education, &c. (12.5%)
4. Comment beyond the scope of this analysis (12.4%)
=5. General or specific difficulty with questionnaire, &c. (8.7%)
=5. Mentions other children's needs (8.7%)

7. Concern for how the topic is taught (6.7%)
=8. The '3 Rs' most important (6.4%)
=8. Home, not school (6.4%)
10. Topics should be taught at a different age (6.2%)

Class of comment	Count	% of those commenting	Rank order
1. *General approval of enquiry*	132	3.8	13
2. *Dismissive of enquiry*	116	3.3	15=
3. *General or specific difficulty with questionnaire, &c.*	306	8.7	5=
4. *Constructive criticism of questionnaire*	207	5.9	11
5. *Additional topics suggested*	548	15.6	1=
6. *General approval of health education, &c.*	439	12.5	3
7. *General disapproval of health education, &c.*	20	0.6	28=
8. *General approval of school and staff judgment*	96	2.7	17
9. *Insufficient space for health education &c.*	66	1.9	20=
10. *The '3 Rs' most important*	225	6.4	8=
11. *Topics should be taught at a different age*	217	6.2	10
12. *Certain topics do more harm than good*	57	1.6	23
13. *'Hidden curriculum' the best place*	21	0.6	28=
14. *Concern for how the topic is taught*	235	6.7	7
15. *Integrated approach suggested*	66	1.9	20=
16. *Incidental approach relevant*	128	3.6	14
17. *Shock-horror method needed*	5	0.1	30
18. *Teachers' need for sensitivity*	82	2.3	19
19. *Special teacher preparation necessary*	46	1.3	25
20. *Possible conflict between home and school attitudes*	60	1.7	22
21. *Parents' need to be informed of the curriculum*	153	4.4	12
22. *School and home*	548	15.6	1=
23. *Reluctant — school OK*	116	3.3	15=
24. *Home, not school*	223	6.4	8=
25. *Mention of other children's needs*	304	8.7	5=
26. *Differing health priorities, &c.*	27	0.8	27
27. *Lack of responsibility and caring in society*	90	2.5	18
28. *Influence of TV*	37	1.0	26
29. *Bible and religion*	51	1.4	24
30. *Comment beyond the scope of this analysis*	434	12.4	4

Table 0.1: An analysis of the parents' comments The total sample consisted of 15,770 responses. Of these, 3507 provided comments, an overall rate of 22.2%.

The training of the team members so that each one would interpret the same comments in a similar fashion was particularly arduous, and although total agreement was never achieved, over 90% agreement was present when checks were made.

0.2 The 'silent majority' not represented

When reading the responses, it should be remembered that the parents in only about one family in five used the invitation to comment on any aspect of the *Just A Tick* questionnaire. In the companion monograph, *Health Education Priorities and the Primary School Curriculum*, we carefully present all the other responses to the survey questionnaires. These responses were made to deliberate questions, each adult or child selecting a category of answer to each question to represent their feelings. In this book, which draws attention to the 'free' commentary made by some respondents on completing the questionnaire, we do not know to what extent the feelings behind any one comment are shared by all parents — in the other monograph there is a clearer picture.

0.3 An 'agenda for debate'

My view has always been that the survey methods under the title *Just A Tick* are most powerful and productive when the data collected is used to prompt debate and clarification. Considerable reference is made to this in the introduction to *Health Education Priorities for the Primary School Curriculum*. Reading the parental comments serves to emphasise this, and we cannot recommend too strongly the provision of opportunities for parents and teachers to explore the meaning of the interpretations they put upon the topics in the list and the accompanying questions. To debate the meaning of their answers can lead to a sharing of common objectives at home and at school, with enormous benefits.

0.4 Which parents write comments?

Having drawn attention to the fact that only one in five parents make an additional comment, and that these almost totally unguided statements might distort the views of the 'silent majority', it is interesting to reflect on any differences in the background of the parents that predisposes them to make comments. One view of parents' evenings in schools is that it is the eloquent 'middle-class meddlers' who are most likely to attend and be heard, so that perhaps there is a similar bias in the written comments. In fact, one of the strengths of *Just A Tick* is that it facilitates consultation with all parents.

The phrase 'middle-class meddler' is not introduced to create hostility in the reader — the author sees himself in this group — but to draw attention to the need to reflect on the total statistics processed and to be aware of the bias which colourful, powerful comments can create.

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From the data collected some interesting statistics have emerged with respect to those who respond with further comments, and this section of the research was prompted by a visitor to the Exeter Unit who suggested that 'one-parent family' respondents would be more likely to make an additional comment. The following six sets of results arise from this prompt.

1. Single-parent families were *not more disposed* to make written comments than were two-parent families.

2. The fewer children present in the family, the *more likely* it was that a written comment would be made. This is clearly indicated in the table below:

	Percentage of parents making a comment	
	I/F	J/M
With 1 child	26	27
With 2 children	24	24
With 3 children	21	20
With 4 children	20	17
With 5 children	18	14

   This trend may reflect having more conflicting demands on time and less time available to spend on completing the questionnaires, but other interpretations are possible.

3. When both parents shared the task of completing the questionnaire they were *more likely* to make an additional comment:

	Percentage of parents making a comment	
	I/F	J/M
Fathers only	20	21
Father and mother	26	24
Mothers only	22	21

   We have had feedback from parents indicating that extensive discussion occurred over the content, with as much as three hours being taken over the task of completing the questionnaire. Where this is the case, it is small wonder that at least one partner felt the need to express themselves in writing.

4. If parents also have older children, particularly in the next phase of schooling (i.e., I/F parents also with children aged 8–12, or J/M parents also with children aged 13–16), then they were *less likely* to make a comment.

	Percentage of parents making a comment	
	I/F	J/M
With no children in next older age group	26	23
With 1 child in next older age group	20	20
With more than 1 child in next older age group	17	18

There is an obvious link with family size, and the comment made in (2) above is relevant. However, another observation might be that if you have had the experience of seeing an older child 'through the system' you might be less anxious about trying to exert an influence over the next one — or be resigned to your impotence!

5. Parents with more magazines and newspapers present in the home are *more likely* to make written comments. The link with literacy, fluency, and socio-economic status is probably present.

6. Building on this finding, a link is also discovered between the *type of daily newspaper* selected by the family and the likelihood of them offering written comments:

	Percentage of parents making a comment	
	I/F	J/M
Times, Telegraph Guardian, Independent	37	37
Express, Mail, Today	26	26
Sun, Star, Mirror	10	16

These daily newspapers have been grouped into 'social readership' levels as follows:

Group 1	Times, Telegraph, Guardian, Independent
Group 2	Express, Mail, Today
Group 3	Sun, Star, Mirror

This grouping is also used in our Health Related Behaviour Questionnaire service to secondary schools. I have long held the view that the newspapers and magazines we purchase to read at home are those that present a way of viewing life which suits us, and that thereafter our reading of this material contributes to shaping our view of life. The relative percentages shown in the above table may not come as a surprise.

Many homes do not have any of these national daily newspapers, and local newspapers cannot adequately be classified in the three groups. Parents in these homes were, therefore, excluded from this analysis.

The factors affecting parents' predisposition to respond thus appear to be linked, among other things, to numbers of children in the family and to life-style, both of which are also closely connected. Parents in homes where there is more available reading material, and where there is a co-operative response from both marital partners towards their child's education, are also more likely to provide additional written response beyond the prescribed limits of the questionnaire.

By taking so much time and space to promote caution in setting too much store by the content of the free-written responses, I hope I am not doing an injustice and a disservice to curriculum planners, Headteachers, and Advisers, who should be cautious of the amount of attention they pay to articulate middle-class parents.

0.5 Commenting and 'silent' parents: a difference

There is no obvious difference between these two groups of parents for most topics. However, I draw the reader's attention to a cluster of three topics, namely *Separation from parents, Death and bereavement,* and *Why people worry,* where a difference has been noticed amongst the percentages from the commenting and non-commenting parents who responded that these topics would 'do more harm than good'. The difference is noticeable for both I/F and J/M parents, and is shown in the next table, which indicates the percentage of commenting and 'silent' parents putting these topics into the 'Does more harm than good' category:

Topic	Infant/First		Junior/Middle	
	No Comment	*Comment*	*No Comment*	*Comment*
Separation from parents	5.3	6.9	3.1	4.9
Death and bereavement	6.8	9.8	4.8	5.6
Why people worry	3.6	6.0	3.5	6.1
Sample size	4286	1281	7977	2226

It therefore appears as though those prompted to use this very negative category in response to these three topics are the most likely parents to be stimulated to make additional comments on the *Just A Tick* questionnaire.

0.6 The letter and parents' questionnaires

In the *Just A Tick* enquiry, the parents' questionnaires were despatched by 'pupil post' with a covering letter from the Headteacher explaining the purpose of the survey. The materials included a draft letter which could be copied directly or used as a model. This draft letter follows, together with the two questionnaires designed for the parents of I/F or J/M pupils.

Sample text of school's letter to accompany parents' questionnaire

Dear Parent,

We are asking for your help to plan the Health Education programme for children in this school. We know that the teaching of reading, writing and number is a priority for schools but education for a healthy life is also important. We would value your views on those things you think are important for children to learn in health and social education.

Will you please fill in the enclosed questionnaire and return it as soon as possible. The list does not mean that we have decided to include all the topics in the school programme, but it gives you the opportunity to say what you think.

It is important when filling in the questionnaire to note two things:

(a) You are filling it in with this school in mind.

(b) You will need to think about each topic on its own although some will overlap.

We have left plenty of room at the end for you to write any other views you may have.

This questionnaire, with the same list of topics, is being used with teachers, doctors, school nurses, health visitors and children over the age of 7. The questionnaire for children is different: although the topics list is the same, the children are asked to say how interested they would be in each topic. It will be put to the children with great care by the class teachers.

If you have more than one child in the school you may receive two or more questionnaires. We do ask that you should, if possible, fill in at least one. If you are able to complete both we shall be delighted.

Please do not put your name on the questionnaire. It will be sent to the project team at Exeter University who will respect the confidential nature of the enquiry.

Yours sincerely

Headteacher

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Personal Development and Health Education Enquiry **(Parents' Version 5 I/F)**

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Please place ticks in columns to indicate your views – one tick per line

TOPICS *Titles as listed for the children*	Importance for inclusion in the school curriculum for infant/first school (5-7 year old) children					
	YES		?	NO		
	Should be included	Useful if time available	Undecided	Not important in this age group	Should be covered outside school	Does more harm than good
1. How my body works						
2. Staying well						
3. Immunisation (injections and drops)						
4. Illness and recovery						
5. Talking with doctors, nurses, dentists						
6. Care of hair, teeth, skin						
7. Care of eyes						
8. Care of feet						
9. How a baby is made (human reproduction)						
10. Menstruation (periods)						
11. Food and health						
12. Drinking alcohol						
13. Glue-sniffing						
14. Smoking						
15. Physical fitness						
16. Understanding the needs of handicapped people						
17. Understanding the needs of old people						
18. Health and Social Services						
19. Safety at home						
20. Safety in traffic						
21. Water safety						
22. First aid						

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers:

1.	2.	3.

P.T.O.

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Please place ticks in columns to indicate your views – one tick per line

TOPICS *Titles as listed for the children*	Importance for inclusion in the school curriculum for infant/first school (5-7 year old) children					
	YES		?	NO		
	Should be included	Useful if time available	Undecided	Not important in this age group	Should be covered outside school	Does more harm than good
23. Family life						
24. How to cope with being separated from your parents						
25. Death and bereavement						
26. Stress (why people worry)						
27. How boys and girls behave						
28. Differences in growth and development						
29. Getting on with boys and girls the same age as yourself						
30. Understanding people with different coloured skins or different religions						
31. Feelings (love, hate, anger, jealousy)						
32. Bullying						
33. Feeling good about yourself						
34. Making up our minds						
35. Being honest						
36. Being responsible						
37. Spare time activities						
38. Being bored						
39. Caring for pets						
40. Vandalism						
41. Stealing						
42. Pollution						
43. Conservation						

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers:

1.	2.	3.

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Please would you give the following information:

Please do not write in boxes

This questionnaire was completed by

(a) a male parent or guardian

(b) both parents or guardians Please circle (a), (b) or (c) [ ] P

(c) a female parent or guardian

Are you a "one parent family"? Yes / No (Please circle) [ ] F

Age: 20 – 30 31 – 40 41 – 50 51 – 65 (Please circle) [ ] A

How many children do you have? ..... boys ..... girls [ ] B

How old are they? Boys ..... years Girls ..... years [ ] G

[ ] T

▼

[ ][ ][ ][ ][ ][ ] [ ][ ]

Please circle the age(s) of your child(ren) at this school:

Male 4 5 6 7 8 years [ ][ ] MF

Female 4 5 6 7 8 years [ ][ ] AY

[ ][ ] AO

What papers, comics, magazines are regularly at home which your child may read?

Comics (please name) ..... [ ] C

Magazines (please name) ..... [ ] M

Weekly papers (please name) ..... [ ] W

Local papers (please name) ..... [ ] L

National daily papers (please circle): [ ] N

Daily Mail Daily Express The Sun The Times The Guardian Daily Star

Daily Mirror Daily Telegraph Today The Independent (None of these)

Any comments you would like to add (P.T.O. if necessary): [ ] C

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Personal Development and Health Education Enquiry **(Parents' Version 6 J/M)**

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Please place ticks in columns to indicate your views – one tick per line

TOPICS *Titles as listed for the children*	Importance for inclusion in the school curriculum for junior/middle school (8–12 year old) children					
	YES		?	NO		
	Should be included	Useful if time available	Undecided	Not important in this age group	Should be covered outside school	Does more harm than good
1. How my body works						
2. Staying well						
3. Immunisation (injections and drops)						
4. Illness and recovery						
5. Talking with doctors, nurses, dentists						
6. Care of hair, teeth, skin						
7. Care of eyes						
8. Care of feet						
9. How a baby is made (human reproduction)						
10. Menstruation (periods)						
11. Food and health						
12. Drinking alcohol						
13. Glue-sniffing						
14. Smoking						
15. Physical fitness						
16. Understanding the needs of handicapped people						
17. Understanding the needs of old people						
18. Health and Social Services						
19. Safety at home						
20. Safety in traffic						
21. Water safety						
22. First aid						

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers:

1.	2.	3.

P.T.O.

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Please place ticks in columns to indicate your views – one tick per line

TOPICS *Titles as listed for the children*	Importance for inclusion in the school curriculum for junior/middle school (8–12 year old) children					
	YES		?	NO		
	Should be included	Useful if time available	Undecided	Not important in this age group	Should be covered outside school	Does more harm than good
23. Family life						
24. How to cope with being separated from your parents						
25. Death and bereavement						
26. Stress (why people worry)						
27. How boys and girls behave						
28. Differences in growth and development						
29. Getting on with boys and girls the same age as yourself						
30. Understanding people with different coloured skins or different religions						
31. Feelings (love, hate, anger, jealousy)						
32. Bullying						
33. Feeling good about yourself						
34. Making up our minds						
35. Being honest						
36. Being responsible						
37. Spare time activities						
38. Being bored						
39. Caring for pets						
40. Vandalism						
41. Stealing						
42. Pollution						
43. Conservation						

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers:

1.	2.	3.

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Please would you give the following information:

Please do not write in boxes

This questionnaire was completed by

(a) a male parent or guardian

(b) both parents or guardians Please circle (a), (b) or (c) [ ] P

(c) a female parent or guardian

Are you a "one parent family"? Yes / No (Please circle) [ ] F

Age: 20 – 30 31 – 40 41 – 50 51 – 65 (Please circle) [ ] A

How many children do you have? ..... boys ..... girls [ ] B

How old are they? Boys ..... years Girls ..... years [ ] G

[ ] T

▼

[ ][ ][ ][ ][ ][ ] [ ][ ]

Please circle the age(s) of your child(ren) at this school:

Male	7	8	9	10	11	12	13	years	[ ][ ] MF
Female	7	8	9	10	11	12	13	years	[ ][ ] AY
									[ ][ ] AO

What papers, comics, magazines are regularly at home which your child may read?

Comics (please name) ..... [ ] C

Magazines (please name) ..... [ ] M

Weekly papers (please name) ..... [ ] W

Local papers (please name) ..... [ ] L

National daily papers (please circle): [ ] N

Daily Mail Daily Express The Sun The Times The Guardian Daily Star

Daily Mirror Daily Telegraph Today The Independent (None of these)

Any comments you would like to add (P.T.O. if necessary): [ ] C

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1. General approval of enquiry

1.1 These comments expressed approval of the *type* of enquiry, the *specific* enquiry method used, or the simple fact that views were being sought. Examples of these three types of response are:

1.2 *Type* of enquiry:

- I think this is a very good idea.
- I just think having a questionnaire is a good thing because it gives other people a chance to say what they think.
- My husband and myself feel it is very welcoming to see the interests and concern.

1.3 *Specific* enquiry:

- I think this is a very well put-together questionnaire.
- It's nice to see new topics under consideration.
- I think this questionnaire is good for beginning of children in life so they learn the difference between good and bad, to help them in their lives.
- We welcome this questionnaire and are anxious to see an extended personal development curriculum in practice in the primary school.

1.4 Approval at *being consulted*:

- Thank you for taking an interest in my child.
- I welcome this opportunity to express my views.
- We both found it very reassuring to be asked our views on our children's future.

2. Dismissive of enquiry

2.1 Comments contained in this category were straightforward in their dismissiveness; for example:

- This is a complete waste of time.
- It must have cost a fortune.
- I don't really see the sense in this.

2.2 Comments which elaborated that they were dismissive because of difficulties in handling the questionnaire, and those which offered constructive criticism, were placed in either category 3 or 4, whichever seemed most appropriate.

2.3 Some comments reflected a resigned weariness, but one would do well to note the following example of these views:

- I do feel that surveys of any kind are a waste of time and money. Whatever the public feel and say has never any bearing on what authorities do. They do as they want — whatever is most beneficial to themselves. This information will probably be left on a shelf or in a computer.

3. General or specific difficulty with questionnaire, or with a particular topic

3.1 This category allowed parents to indicate that they had experienced difficulty in completing the questionnaire.

3.2 Some comments relate generally to the *interpretation* of the topics; for example:

- I couldn't answer this questionnaire because I found so many of the topics vague and unclear.

3.3 Some comments relate to *specific* topics; for example:

- I don't understand No. 33 *Feeling good about yourself.*

3.4 Some comments indicate that parents *did not know* what the word 'topic" stood for; for example:

- What does 'topic' mean? I don't understand. Does it mean a 'lesson'?

3.5 Some comments were about the difficulties involved in choosing the *3 most important* topics; for example:

- I really found it impossible to choose the 3 most important topics.

3.6 The designated *age range* of 8–12 years (for J/M pupils) prompted some criticism; for example:

- I think that the age group 8–12 years is too much of a spread, i.e., Topic 10 [*Menstruation*] would depend a lot on the individual and I find there is a greater difference in maturity in this age group.

3.7 The *length* of the questionnaire was criticised:

- Questionnaire too long, too varied questions, more like 'perm any 8 from 10'. Very happy with curriculum at school.

3.8 One parent gave a useful insight into how the *column headings* have been interpreted:

- List B is difficult. The most important topics in my view should be taught by parents. Therefore the 'Yes' topics are the least important.

4. Constructive criticism of questionnaire

4.1 This category was used for parents who highlighted a particular problem with the questionnaire but who went on to recommend a possible solution.

4.2 Some comments referred to the *number of ticks* they were allowed to give next to a topic, and the desirability of being able to indicate both home *and* school rather than home *or* school; for example:

- This is ridiculous. What happens if you want it taught at home and at school?"

4.3 Also, because of this single tick procedure, some said:

- This questionnaire does not make it possible for me to record my real feelings.

4.4 Some criticism was levelled against only *one questionnaire* per child where some parents found it difficult to share a questionnaire with their husband or wife, as their feelings were different. One father even suggested:

- I think this questionnaire should have been a joint compilation for children and parents to have been able to sit down together rather than being solely for parents.

4.5 Some comments sought *clarification*:

- Should this form have been filled in with my children in mind or children in general? This affects the 'Yes/No' responses.

4.6 Some comments were about the *order/structure* of the topics:

- Some of the topics could be covered under one heading and not as separate items.

4.7 *Lack of information* provoked some comments; for example:

- Titles very vague, not enough explanation of subject contents.

4.8 The questionnaire *design* was criticised; for example:

- Why is there not a NO (only) section? 'No' doesn't necessarily mean any of those three categories — poor survey construction.

5. Additional topics suggested

5.1 Frequently parents felt prompted to suggest new topics, some relating specifically to health education and others more generalised. Some suggestions were accompanied by reasons for their selections, other just baldly stated. A selection follows below.

- I should like to see 'posture' included as a topic in the programme. So many children seem to be growing up with round shoulders and an inability to stand correctly.
- A title of 'playing safely', i.e., the danger of throwing stones, sticks and tying ropes across cycle paths, etc.
- Drug abuse, marriage, divorce, authority, police, starvation (when we have big food mountains), going into hospital.
- With unemployment not likely to get any better within the next few years I feel the children should from an early age be taught how to cope with extra leisure and pressures of being without employment.
- One topic I feel is very important and not included here is 'caring for, understanding and bringing up babies'. This is one of the most responsible activities taken on in adult life for which no training is given.
- We feel strongly that the dangers of drug abuse should be a high priority topic.
- Maybe misuse of drugs could be discussed too.
- One topic not included on the list which we believe important — teaching girls to stand up for themselves.
- Nothing is mentioned about the dangers of talking to strangers and being made aware of the dangers in doing so, without frightening them completely and never trusting anyone.
- A title of 'Whom you should trust' to help children assess which adults are trustworthy. Although the present campaign of 'say no to strangers' is valuable it is known that many children are sexually abused by people they know (i.e., adults that are not strangers). So any help in protecting innocent children in this age group would be worth the effort of tackling this difficult title.

- 'Going into hospital' would be a good topic to cover. Many children are taken into hospital through an accident and then there is no time to prepare them.
- Good behaviour and politeness would top my list of topics.
- Drug abuse taught at this age would sink in more than with older pupils.
- Children should be taught discipline, which doesn't seem to be taught these days.
- More should be made of responsibility to others and the need to respect others. Discipline everywhere seems to be disappearing.
- It would possibly benefit a lot of children if general manners and table etiquette could be included in some way in the curriculum, although this I realise should be up to the parents. Some parents do not and their children have a bad influence on those whose parents try to maintain reasonable standards.
- Most topics should be carried out by the parents, i.e., honesty, responsibility, etc. One topic that should be included at that age is drug abuse. Discipline should be taught. It seems pretty lax these days.
- Nothing mentioned about abuse of drugs.

6. General approval of health education, or need to include certain topics

6.1 The general comments incorporated here are those which were not specific enough to be included elsewhere. Parents often picked out topics already on the list, and emphasised their value and importance.

6.2 *General approval* was shown by some comments:

- We feel that using the topics we have ticked would be of great help in all children's total education.
- I think some of the topics written on here would be very interesting for my child to learn about.
- I feel it is most important for children to understand how their bodies function, how to stay healthy and why they react to things in certain ways. In this way, I feel that they may be able to relate to society in a more positive way.
- A very worthwhile survey, and I hope in future that many of these topics are taught in school. The younger the better, as I think many of these topics are too late at 14 and 15.

6.3 General approval was often linked with preventing a *decline in standards and morals*, and developing a child's awareness of its role; for example:

- Children grow up in the community much younger than we did, and this age group must be made aware of life's responsibilities and have greater respect for themselves and others, property and parents, etc., in the hope that the rapid decline of general standards in today's world might, with a great effort, improve, as someone has to start somewhere.

6.4 Some comments were related to *specific topics*:

- I think emphasis should be placed on general safety, i.e., glue-sniffing, water, traffic etc. Some knowledge of good eating should definitely be included; many children do not realise the importance of healthy food.

- Sex education is a 'must' as some parents neglect this.
- Anything which encourages a child to become more aware of how his/her body and mind works, and develops caring attitudes towards other people, has got to be a good thing.
- Children should be taught responsibility and all health and safety aspects of life.

John Balding: *Parents and Health Education*. HEA Schools Health Education Unit, 1988

7. General disapproval of health education, or need to exclude certain topics

7.1 Some comments signalled a *general disapproval* of health education; for example:

- I don't think the standard of education is improving, far from it. There isn't the funds, nor the time in school, to introduce more topics without the more important ones suffering. If you want more time you should scrap lessons such as R.E. which I consider a waste of time. There were no anti-drugs, smoking or drinking lessons when I was at school and I don't do any of these so I consider them useless.

7.2 Some parents considered many topics to be *their own responsibility*; for example:

- Many of the topics are irrelevant in the school curriculum. They should be dealt with at home or church.

7.3 Some comments referred to *specific topics*; for example:

- We feel Topics 9 and 10 [*How a baby is made* and *Menstruation*] should not be taught as a subject but should be discussed from an early age within the security of home as part of an everyday occurrence.

- Death and bereavement are a natural part of life. But if this subject was taught a lot of children would be upset and worried and it would affect their other school work.

8. General approval of school and staff judgment

8.1 This category arose out of the observation that many parents were indicating their satisfaction with the school either in overall general terms or in specific areas (which may or may not relate to health education). It was felt that some way of recording this positive support for schools should be made. The questionnaire with its long list of topics may have prompted some parents to feel that the school and its curriculum were under critical scrutiny and that their support and approval should be noted to offset this. This category was later widened to include those parents who thought it was better that a topic should be covered at school, either because they felt their child paid more attention to the teacher, or because it reinforced the message already given at home.

8.2 Some comments were *general observations* and not related to health education; for example:

- I think the teachers do a good job with the children that want to get on.

8.3 Others made unsolicited commendations:

- I do feel that our First School does a first-class job.
- I am very happy with the things my children are taught at their present school.

8.4 Some parents recognised that schools may offer better *facilities and resources*; for example:

- There are subjects for which, whilst largely the parents' responsibility, schools may well have better resources and material available, e.g. *Drinking alcohol, Glue-sniffing, Smoking*, and *Physical fitness* in the form of films, visual aids, access to expert lecturers, etc.

8.5 Approval was given sometimes because parents felt children *paid more attention* to their teacher; for example:

- Most children listen to their teacher so I think if the whole class is involved, it's far more interesting than being told by a parent.

8.6 Some parents felt there would be *less embarrassment* if teachers undertook some topics:

- I think most of these topics would be useful if children were taught them at school, as I think they listen and take more interest if they are learning in a group instead of being told by a parent, where I think they get embarrassed.

8.7 Some parents supported the school's role as it saw it as a *reinforcing* factor; for example:

- Many of these topics are discussed at home, but discussion at school reinforces the message and gives the information greater impact.

8.8 Some *one-parent families* felt their particular needs should be, or had been, catered for:

- I find the school very helpful. I have a problem daughter and they have helped and understood her and my problems.
- Naturally, I have tried to cover most of these topics with my daughter myself, but being a single-parent family, I would appreciate some back-up from her school education in certain subjects. I think that children pay a great deal of attention to teachers, whereas they tend to question mother's judgment more.

9. Insufficient space for health education in the curriculum

9.1 This category arose because of the number of parents who recognised the value of health education but felt that currently schools were already overloaded, and by the time teachers had coped with the '3 Rs' there would be no time left for health education. It is basically supportive of health education, but recognises the constraints on the curriculum owing to competing claims for time by the traditional subjects. Originally it was combined with **The '3 Rs' most important** (category 10), but split when it was recognised that they were saying different things and category 10 was essentially negative in attitude towards health education.

- There is not usually enough time in school to teach children about things other than what is on the school programme, i.e., usual school subjects, maths, English, science, etc.
- All these things are important but time does not allow the teachers to teach these things as well as basic learning.
- I would like all subjects listed in this paper included in the school curriculum but do realise that it would take up too much time.

10. The '3 Rs' most important

10.1 Concern for the continued pre-eminence of traditional subjects, i.e., the '3 Rs', caused many parents to respond:

- Almost all topics mentioned are related to family upbringing. There must be more important educational topics to be taught at school.
- I feel that the majority of these topics should be taught at home and schools should concentrate more on the '3 Rs'.
- I feel children are not being taught enough academic subjects. The ones overleaf are designed to change the teachers into social workers, and my opinion of social workers is not very high.
- I think the most important things for children to be taught at school is tables, reading and English.
- The basic education is important such as mathematics and English. The survey seems a very good and welcome idea and important to all children.
- Teaching staff to concentrate on learning pupils to read, write and spell etc.
- The school simply couldn't handle many of the topics without spending less time on academic subjects.
- Reading and arithmetic and a good steady base for the junior school should be the aim in children of this age group.
- Our opinion is that time at school should be spent primarily with reading, writing and maths. The topics in this questionnaire are the responsibility of parents and a child should receive this education in the home.

11. Topics should be taught at a different age

11.1 Parents' concern for *what* should be taught was matched by their concern for *when* it should be introduced. Two questionnaires had been used to make the age span more manageable for parents (and teachers) to respond to, i.e., 5–7 years and 8–12, but even so for some parents this span was too wide.

11.2 This category in theory accommodates either an earlier or later age than the age range of the questionnaire being completed, but in practice the overall responses indicated that particular topics where mentioned should be taught at a *later* stage. Also the consensus for many was that 'later' implied 'not at primary school'.

11.3 For clarity, comments here have been arranged by questionnaire type.

Infant/First: 5–7 year olds

11.4 Some topics were considered *inappropriate* for this age group:

- All the headings on these papers should be taught at school at some time, but not to 5–7 year olds. Nowadays all these things would be useful to children for when they become young adults. I think that 5–7 year olds just need to concentrate on the basic schooling.
- I feel that up to the age of 7 years a youngster is settling into school life and its discipline. Teaching should be kept to basic '3 Rs' with lesser emphasis on the problems indicated, important though some may be.
- I should have liked to see a category 'Inappropriate in this age group' instead of 'Not important'. As a primary health worker myself I feel we must be extremely sensitive to the emotional impact of health education on children of this young age group.
- I think some of the topics are above the heads of most children between the ages of 5 and 7 years old.
- These topics are a bit much for children between 5 and 7.

11.5 The ability to *comprehend* needed to be considered:

- We want him to learn the basic skills at school (in the 5–7 year group) and then after 8 years he can have a fuller education including these subjects when he has developed more mentally.

Ignorance can breed fear, and we have found if he does not comprehend the meaning of something, e.g., death, it frightened him, so basically I feel at this age if they don't specifically ask for a bit of information don't give it, but be always willing to help if you can and not hide details.

- All the topics are very interesting but the question remains exactly how much a child of 5–7 can absorb.

11.6 The danger of having *impressionable* young minds needed to be considered:

- With regard to numbers 5, 12, 13, 14 & 40, I feel that to start warning children of these kinds of dangers at this age is to introduce thoughts into their impressionable minds. I think that this would be better aimed at the next age group up.

11.7 Many topics were considered suitable at a *later age*:

- As this questionnaire is aimed at very young children quite a few of the subjects listed seem to be unsuitable as health education subjects for young children. Most of the unsuitable subjects would in my opinion be more suitable at the age of about 10–13.
- I believe some of the questions could be more appropriate for 8–11 year olds and do not really apply to a younger child's thinking.

11.8 Specific topics were considered suitable for *secondary school*:

- Most of the topics mentioned, i.e., *Glue-sniffing, Drinking alcohol*, etc., would suit children preparing to go to senior school.

11.9 Specific topics were considered suitable for *8–12 year olds*:

- I think that all the subjects I have ticked as 'Not important in this age group' (1–14, 16–18, 22, 25, 26 & 42) should definitely be included in the junior school age group 8–11 years old.

Junior/Middle: 8–12 year olds

11.10 Awareness of *appropriate age* was essential:

- I do think that many subjects are introduced to children at an earlier age than is necessary, leading them into growing up far too quickly.
- I feel that children are not allowed to remain children for long enough these days. During the age group 8–12 I think more harm can be done by bringing to the attention of such young people such things as drugs etc. Such topics discussed in general terms would not do harm but children of this age group

do not, generally speaking, have the comprehensive abilities to really understand what is being said.

- Certain topics are more suited for children in the upper end of the age group, i.e., Topic 10 [*Menstruation*] is suitable for the 10–12 age group as a class lesson for girls, though for our children their questions on the body are answered to a level of their understanding.

- Any information about themselves and other people, i.e., how their body works, other people's needs, etc., is obviously of use to 8–12 year olds, as it helps them to grow in health physically and mentally. However, care should be taken not to burden them before their time with things that are too heavy — i.e., babies, periods, alcohol, glue-sniffing, worry, etc.

11.11 Certain topics were seen to demand the correct *timing*:

- I think this age group is much too young to learn about sex. They think it is smutty and get giggly. It should wait until they are old enough not to giggle.

- We believe that the subject of reproduction and growth and development should be discussed at the higher end of this age group, i.e., 10–12 years.

11.12 Differing *priorities for girls and boys* were also highlighted:

- Topic 10 [*Menstruation*]: at this age I feel that this topic is entirely appropriate for girls but would be much less so for boys.

John Balding: *Parents and Health Education*. HEA Schools Health Education Unit, 1988

12. Certain topics do more harm than good

12.1 Certain topics caused parental concern to be expressed that they may by their introduction cause more harm than good. If their criticism implied that such topics may well be appropriate at another age, such comments were put into category 11 (**Topics to be taught at a different age**), in preference to category 12. Whilst some comments contain elements of both 11 and 12, it was felt that there were sufficient differences to justify two separate categories. The principal concerns of parents are outlined below.

12.2 Many comments reflected parents' concern that their inclusion in the school curriculum would *encourage experimentation*:

- Alcohol, glue-sniffing, drugs, etc., if discussed at school with 8–11 year olds, could have an adverse effect and make them curious to find out.
- I have answered these questions with my youngest son in mind (age 10). He is impressionable and I feel by discussing things such as 13 [*Glue-sniffing*] and 14 [*Smoking*] a lot in school he would be inclined to experiment at home.
- I disagree with anything (drugs, glue-sniffing, etc.) being shown to very young children who do not understand or even know what it all means. Instead it could lead to an opposite effect: i.e., trying this glue-sniffing just to see what it smells like! Children of this age are very curious and will copy things. This is why I say it will do more harm than good. I certainly will object to any of this being shown to my girls.

12.3 Some I/F parents qualified their criticism and indicated that the **Does more harm than good** category may not apply for *older children*. For example:

- Topics 12–14 [*Drinking alcohol, Glue-sniffing, Smoking*] should not be discussed in this age group as it makes the children aware and curious about something which is wrong and previously they have not known of its existence. But I must add I feel it is most important to discuss the dangers above in junior school.
- Topics 12–14 are obviously important, but for 5–7 year olds would probably either frighten them or else excite their curiosity. I do, however, feel it would be good to cover these topics

in, say, the top two years of the juniors — smoking, slightly earlier.

12.4 The dangers of frightening children or causing them to feel *insecure* provoked the response:

> ♣ To discuss death and bereavement to my mind is to instil insecurity even deeper if discussed at a young age. How can children accept at 5 years old to be told they could be alone one day? (Adults take time to adjust even if they are prepared.) I find this subject disgusting and very alarming to find that it is even considered. Who knows, in a few years this subject could be considered unsuccessful. But then the damage would have been deeply rooted in a child's mind. This is a personal subject dealt with by family at the time of need. Even the most well meaning teacher cannot really share that emotional loss with a child.

12.5 The possibility that some topics might confuse or embarrass, notably with respect to Topics 9 (*Human reproduction*) and 10 (*Menstruation*) was raised:

> ♣ Topic 10 [*Menstruation*] is answered as indicated ['Does more harm than good'] in this way as we feel to discuss that subject with boys of our son's age (11) will just confuse them. However, the subject is discussed openly and answered honestly at home, as are all questions relating to the human body and sex.
>
> ♣ I feel that Topic 9 [*How a baby is made*] may do more harm than good because at this age children may feel more embarrassed to really learn and therefore it should be left up to the parents to tell them.

12.6 Comments were made that recognised that certain activities were beyond the range of 'normal' children and as such should not be introduced:

> ♣ There seems no valid reason to me to expose the whole school population to detailed learning on things that will only affect a few. A sensitive child can sit on all sorts of feeling about death or separation (for example) — and you're only going to make matters worse dealing with it in a classroom full of insensitive children.
>
> Most of the other areas I have ticked as 'doing more harm than good' are properly dealt with by ensuring that the 'normal' standards of behaviour are clearly understood and exemplified by those in authority — and that that norm is expected. I don't see why children innocent of the intention and divorced from the opportunity by their family life, should have State education on glue-sniffing! It's just not right.

John Balding: *Parents and Health Education*. HEA Schools Health Education Unit, 1988

♣ Some [topics] are likely to be applicable only to a small percentage of any class, e.g., *Death and bereavement, Glue-sniffing,* and *Bullying* in the 8–12 age group would do more harm than good if dealt with for the whole class, where most children have no experience of the phenomenon.

John Balding: *Parents and Health Education.* HEA Schools Health Education Unit, 1988

13. 'Hidden curriculum' the best place

13.1 Those parents indicating that the hidden curriculum was the best place for certain topics did so in the belief that it was not necessary to have actual lessons, but that in a decent school a lot of it would be covered in the general atmosphere or ethos of the school. Whilst they did not want it as a particular subject to be taught, they did expect the standards of health education to be shown by the attitudes and relationships within the school.

13.2 Some comments referred to the *ethos* of the school; for example:

- We felt that some topics, e.g., *Feeling good about yourself, Being honest, Being responsible, Making up our minds*, etc., should reflect the 'ethos' of the school and not be purely an academic subject!

13.3 Some comments referred to the *hidden curriculum* directly:

- Many of these are really within the hidden curriculum if the teacher is really aware of the needs. The survey seems likely to be aimed at too high a level for for 5–8 year olds, whose curriculum is likely to be aimed in a more basic direction.
- Many subjects are already taught as part of the hidden curriculum and are not easily formalised, e.g., being responsible or honest.

13.4 Some comments argued that certain topics could not be *formally taught*:

- Topics not ticked in List B. They cannot be 'taught' formally as topics, but children will absorb attitudes of teacher and school staff to subjects such as *Vandalism, Caring for pets*, etc. Child's self-image also influenced by staff's attitude and behaviour towards him, rather than 'topics' taught.

14. Concern for how the topic is taught

14.1 This turned out to be a very wide category, and produced much response. How, where, when and by whom the topic was taught became included in it, since some parents recommended the use of doctors and health visitors for particular topics.

14.2 For some parents lack of information regarding the teaching of certain topics inhibited their responses. For example:

- Indecision often due to lack of understanding of how the subject would be tackled.

14.3 For many parents the *manner* in which a topic would be handled was of paramount importance:

- How sensitive subjects are taught is more important than what is taught — children cannot know too much about anything as long as it is portrayed in the proper way for the age group.
- We are undecided with Topic 9 [*Human reproduction*] as we feel it depends so much on how it is presented.
- Health education is a sensible and viable subject. It should, however, be presented in a careful and controlled manner, taking regard of the vulnerability and impressionable state of young children. Some topics could, if presented incorrectly, cause concern and anguish to a young person, rendering lasting damage.
- Much would depend on how and in what context certain subjects were discussed.
- We feel that most of the topics included in this list are best dealt with in a happy family environment, and can often be handled badly in the classroom situation.

14.4 A variety of responses reflected *parental concerns*:

- Some of the questions are too vague — it depends how they are taught and with what preconceptions.

14.5 For some parents a *sensible approach* was desired:

- Topics 23–43 are less frequently dealt with than 1–22. I would like to see some of the 23–43 topics covered in a sensible way.

14.6 The nature of some topics would demand *delicate handling*. For example:

- Due to the delicacy of some subjects, great care would have to be taken over the way they were taught:

14.7 An *open, honest approach* was required by some:

- We feel it is better to speak honestly in answer to a question than to avoid a direct answer and would like to think this attitude prevailed in school.
- Any instruction should be factual and objective. It should not be based on a particular view of society.
- I would like my child to learn simple facts well presented, rather than psychology.

14.8 The *depth explored* was felt to be important:

- I am in favour of all these subjects being covered, but great care needs to be taken over the depth each subject is taken to, especially the behaviour subjects. Topic 27 [*The difference between boys' behaviour and girls' behaviour*], worries me a little, arousing curiosity at too early an age.

14.9 A *positive approach* was suggested:

- At this age of a child's schooling it is important to teach the better, more positive aspects of life (for example safety, honesty, and caring for the less able) as opposed to aspects that are more likely to confuse and have a detrimental and negative effect (namely *Why people worry* and *Feelings*). In short, teach children to enjoy life and to contribute happily towards society.
- List A obviously covers physical care of oneself and all topics seem sensible, but too much emphasis might be on 'what may go wrong with me' rather than a positive attitude towards keeping healthy.

14.10 Another comment cautioned on the danger of *negative reinforcement*:

- I am concerned about the danger of negative reinforcement, e.g., *Drinking alcohol, Glue-sniffing, Smoking, Bullying, Vandalism, Stealing*. One should be more concerned with how topics are covered rather than what topics are covered. I would be uneasy about my children being instructed in any of these topics by the teacher.

14.11 The problems of *how to teach* particular topics were compounded by the factor of 'to whom', where some parents felt a boy/girl divide might usefully operate ...

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- Topic No. 10 [*Menstruation*]: this may be embarrassing if taught to girls and boys aged 10–12 together, and the girls may prefer this to be taught or discussed when the boys are elsewhere.

14.12 ...or where only some children need be involved:

- If a child is shown to be ignorant because of its parents' inability to deal with their children's questions then, with the parents' knowledge and consent, a sympathetic teacher could educate these children in small informal groups.

14.13 The *role of the teacher*, or the person implementing the curriculum, was discussed, and various concerns of parents are instanced below:

- It is very important that Topics 23–43, covering moral issues, should be covered by a highly committed teacher and not handed over to every class teacher for inclusion in normal lessons. I feel that a specialist who may have done a lot of preparation and research could present the case to all groups of children in time in a more satisfactory manner than one class teacher presenting the case for every topic to one class.
- I feel very strongly that at this young age they [the children] are rather too susceptible to the political bias of whichever teacher they have, and the short courses which teachers take to enable them to master these complex issues do not give them enough time to realise the potential damage they might do.
- Topics 23 onwards have been given a title too vague to assess what the content would be. Some of these may unfortunately be open to the influence of the teacher's own opinions, however well intended. Topic 27 [*The difference between boys' behaviour and girls' behaviour*] may, for instance, be an opportunity for feminist or chauvinistic approaches not acceptable to a parent.
- We would like each school to appoint a suitable male and female teacher to teach health education to this age group in an informative but light-hearted manner and as a separate subject.
- Most of the questions have in our opinion more than one answer and many answers do in fact depend on the actual teacher whose own personal views are bound to influence the subject. The other important factor is teacher training. How can a 50-year-old spinster ever teach Topic 23 [*Family life*] or a new teacher whose parents, etc., are still alive teach Topic 25 [*Death and bereavement*]?
- We have ticked most of the topics but it is extremely important to teach as much of the topics at home as well, choosing the right moments to explain each and every one in a very careful

manner, but as with most children they take more notice of someone else. That is why teachers should be made more aware that these topics are very important to children in very early life. Finally may I add a teacher who can explain these topics in such a way to help the 5–7 year old understand is worth his/her weight in gold.

14.14 Some parents felt *outside persons* were more appropriate than teachers in particular instances:

- With reference to subjects such as vandalism, alcohol, etc., I suspect [sic] they will be taught by specialist persons, i.e., police, health workers, etc.
- We think that for children in this age group *Talking with doctors, nurses, dentists* is very important. Rather than asking teachers to do this, I for example could explain the dangers of glue-sniffing, alcohol, smoking, First Aid, and the needs of old people and the handicapped. Also there should be a talk by a police officer (for example about vandalism and stealing). Topic No. 31 [*Feelings*] is very important for children in this age group and should be explained by someone with more knowledge of this subject rather than the teacher.
- In my opinion, I think it is a good idea to discuss all the topics mentioned, but they should be taught in such a way that the child is only told as much as he/she is able to cope with, and sex education should be taught by a parent (who is a teacher also). That way the person is in a position to understand a child, better than say, a Christian Brother or a nun or even a single person.
- Certain subjects, e.g., Topics 25 [*Death and bereavement*], 26 [*Stress and relaxation*], and 31 [*Feelings*], if taught, should be directed by experts in a carefully formulated logical approach, thereby avoiding misunderstanding creating harm rather than good.
- Lectures on drug abuse, alcohol abuse, etc., can be positively counterproductive if given by inexperienced staff. Must be given by experts.

14.15 Lack of information regarding *who might be teaching* the children caused some problems:

- I found it difficult to indicate my view on many of these topics as you give no indication as to who might be taking the children (i.e., teacher or specialist person).
- An interesting project and this form has made me think! So much would depend on the quality of material and indeed

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teaching — there are subjects here that I would not like a 'crank' to discuss with my children, but would be perfectly happy for a well balanced person to deal with.

14.16 The ability of the child to *cope with the topic* exercised some concern:

- I am in favour of all these subjects being taught in school, but only if the individual child can relate to and understand the subject.
- Many of the topics — especially in List B — could be inappropriate as class topics when you consider the vast range of emotional development present in one large class of children in this age group. Many would require a very individual aproach which would necessitate a great deal of teacher/pupil contact time without pressure. It is most unlikely that this would be available in anything other than an ideal situation.
- Every topic should be introduced at child level and encouraged through questions only. To discuss topics such as glue-sniffing and drugs in this school would be unnecessary. Allow children to remain innocent as long as possible.
- We feel it is important for children to learn about health and social education, but in a way that they do not get frightened or overwhelmed by complicated issues.
- I am not averse to the teaching of any of the topics mentioned, but would be more concerned with the way in which they were taught, i.e., that they were introduced in a way which was understandable and suited to the abilities and sensitivities of the age range concerned.
- Personally, I would not like my children to have lessons on anything I do not think they are ready for. A lot of the subjects listed — especially moral ones — cannot be taught, I feel, except by example.
- Topics 1–22 probably require special planning in the curriculum, but for children aged under eight Topics 23–43 are more likely to be covered in a few sentences as and when the situation arises. I do not see how sensitive explanation of such topics by a caring infants teacher at appropriate moments (i.e., as done by most parents) can do more harm than good. Prolonged discussion of topics such as bereavement and separation from parents could, however, be distressing.

14.17 Some parents suggested examples of *teaching strategies*:

- With most of the topics there is great scope for involving young children in learning how to discuss together, and to involve

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individual viewpoints, rather than have a teacher give a one-sided opinion (which may not always agree with what a child has seen or heard at home).

- Much depends on the teaching strategies adopted.
- We as parents would like to see some of the subjects I have ticked, e.g., *Death and bereavement, Feelings, How a baby is made, Menstruation, How my body works*, done as a matter of honest fact and as much a part of learning as any other lesson for children of this age. I would like to see these sorts of lessons done as group talks, unlike when we were at school and these sorts of subjects were swept under the carpet and never talked about openly.
- Sex education may be more easy to teach in infants' groups — less embarrassing for all.
- Most topics listed would be usefully included in a part taught and part discussion lesson of, say, half an hour per week throughout the school year.

14.18 Inevitably caught up within **Concern for how the topic is taught** is reference to specific topics, and a selection, by no means exhaustive, is shown below.

14.19 Some comments were concerned with feelings with respect to the *mechanics*:

- When dealing with Topics 9, 10, 12 – 14, 25, and 30, feelings should be discussed, not just the 'mechanics' of these items.

14.20 Some were concerned with the *expertise of staff*:

- I would suggest that the teaching of one or two of these topics (e.g., the birth of a baby) would very much be dependent on the availability of staff who would wish to teach this aspect of health education and who had the expertise to do so.

14.21 Some comments were *wide-ranging*:

- I felt that Topics 3–8 could be offered on an introductory basis with talks by specialists and visual aids and visits. Topics 12–14, despite being of great importance, I feel should not and could not be covered in depth for fear of stimulating a curiosity rather than revulsion. Topics 24–26 & 31 I feel are too complicated and emotional for this age group to begin to comprehend. It could cause unnecessary anxiety.

14.22 Some comments were *highly specific* with reference to topics. The overwhelming majority of comments, it might be said, were in relation to Topics 9 (*How a baby is made*) and 10 (*Menstruation*).

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- *First Aid* must be appropriate for the age and expertly taught.

14.23 With reference to *human biology*:

- Human biology should be handled in schools in a way which includes the emotional as well as the physical.

14.24 With reference to *human reproduction*:

- Topics such as human reproduction should only be lightly dealt with at this age and in not too great detail.
- Every child is ready to learn about sexual reproduction at a different age but I think it would be very useful for children to learn the facts about menstruation before leaving junior school. Sex education is just another aspect of life and must be gained gradually and leisurely, not crammed into a series of film strips and lectures just before the children start senior school.

14.25 With reference to *sex education* and *family life*:

- I think that sex education and 'family life' should be given together as one topic, so that the children can learn that love and caring go together with sex.

14.26 With reference to *sex education* being explicit:

- I do not think that sex education should be too explicit for children in this age group.

15. Integrated approach suggested

15.1 As has already been shown, parents have amply demonstrated their views not only on health education but also in terms of the school curriculum in general. This section, together with the following category **Incidental approach relevant**, reflects their views on how health education, if included in the curriculum, should be implemented. In this category are placed those comments which set out to define the view that health education should be integrated as far as possible with everyday teaching, that it may well be covered within projects and stories. It is not envisaged by these contributing parents as warranting separated or special lessons.

15.2 Some comments recommended that the topics be *introduced naturally* in day-to-day teaching:

- We would hope that the majority of these topics would be introduced naturally to the day-to-day teaching at school, but do not feel that many warrant specific inclusion in the curriculum.
- The topics as far as possible should be covered in existing school lessons.
- Many of the topics listed are problems that arise during discussion of other items, and could therefore be allowed to be incorporated into other lessons rather than have a specific lesson on a topic which may become a mere abstraction.

15.3 *Assemblies* were suggested as a vehicle for health education:

- Some of these topics, i.e., 16, 17, 23, 25, 31, 32, 35, 36, and 41, could well be covered in the time given over to Assembly as they are all relevant to being a 'good' person, Christian or otherwise.

15.4 *General discussion* rather than great detail seemed to be the best for one parent:

- Probably not necessary to deal with these topics in great detail at this age, but no harm in including them in general discussion at school.

16. Incidental approach relevant

16.1 Parents' comments classified in this category support the view that the topics should not be taught as such, but that they expect them to be dealt with appropriately as and when the situation arises. Comments did not confine themselves to the school situation only, but expanded to embrace the home environment. A further subdivision appeared between those making a generalised comment and others referring to specific topics.

16.2 The approach for one parent was dependent upon *clarification of the term 'topic'*, and until then the question of whether it be incidental or otherwise was academic:

> ♣ Can we ask a question? What do you mean by 'topic'? A subject to be taught is what is implied, in which case it is difficult to give a yes or no answer, as topics such as bullying, honesty etc. are probably best dealt with when and if they crop up, both at home and at school.

16.3 A *rationale* for the incidental approach in school was advanced by one parent:

> ♣ Many items are dealt with incidentally and are part of the code or ethos of a school, e.g., bullying and vandalism, and a school may clearly and unequivocally oppose these practices even though they may not be formal subjects on the curriculum.

16.4 *'As the need arises'* seemed to be popular as a general statement and also for specific topics (for the latter, see section 16.7 below).

> ♣ I think problems should be discussed with children when the need arises, not just for the sake of it.
>
> ♣ There does seem to be work already done with these subjects as the need arises, which is after all often the best way of instructing rather than more continued teaching, especially with the very young.
>
> ♣ Many topics often occur and can be dealt with on the spot, e.g., 12–14, 24–30, as the problems are mentioned, rather than in a structured form.

16.5 To avoid confusion it was best to *wait for questions*:

> ♣ From my experience you can easily confuse a child by prema-

turely explaining complicated emotional subjects. It is better in this age group to wait until the appropriate questions are asked.

16.6 Some parents considered that certain topics should be dealt with *out of school*:

- A great many of the topics mentioned are dealt with in the home, as and when they arise.
- In our opinion, most of these subjects are dealt with in normal daily contact with our children. All matters are discussed when the children ask questions or (as in the case of Topics 9 and 10 [*How a baby is made* and *Menstruation*]) when deemed necessary. Items ticked as useful are already taught at home, but considered interesting material for a class discussion.

16.7 The following mentioned *specific topics*. These are only a selection of the many comments, but it would be true to say that some topics, notably 9 (*How a baby is made*) and 25 (*Death and bereavement*), did promote much comment.

- *How a baby is made*: At this age I believe discussion should take place as the opportunities arise. More likely for this to happen at home.
- *Separation from parents* and *Death and bereavement*: I think it is unnecessary to bring some subjects to a child's attention, such as death or separation, unless a member of the class is experiencing these, and then class discussion and understanding is natural. All children's questions should be answered as carefully and honestly as possible.
- *Death and bereavement*: The question of death should be dealt with as the need arises. In some cases this happens at a much earlier age than others.
- Many of these topics are inappropriate for the age group and often should only be brought up if appropriate, e.g., *Death and bereavement*.
- *Bullying*: I feel certain topics listed here, e.g., *Bullying* and anger, should be tackled when and where they occur — not treated as a special topic.
- Many of the topics in List B are not really allied to health education, but should generally be dealt with on an 'ad hoc' basis by the teacher as the occasions arise — such as *Vandalism* and *Stealing*.

- Topics 23–43 would not be suited to formal inclusion in the school curriculum but rather dealt with directly wherever relevant at the time.
- *Stealing* should be discussed at home or at school as it arises, otherwise not.

17. Shock-horror method needed

17.1 This category was included because it was felt it adequately represented a view, albeit a minority one, held by some parents. However, on a closer examination when the comments were coded it became obvious that shock-horror methods were not overtly mentioned; rather, they were at best implied. What did come across very strongly was that the dangers of certain topics, namely 12 (*Drinking alcohol*), 13 (*Glue-sniffing*), 14 (*Smoking*), and most interestingly a topic not on our list — drug-taking — should be emphasised. In fact the four topics above were the only ones mentioned in the context of this category, bar one parent who referred to Topic 19 (*Safety in the home*).

17.2 So it would seem that whilst the shock-horror method was not explicitly recommended, a large number of parents felt sufficiently concerned to:

(*a*) Request that the dangers of certain activities be strongly addressed by schools;

(*b*) Recommend a further activity — drug-taking — for inclusion in the topics checklist and school curriculum;

(*c*) Unanimously refer to Topics 12 (*Drinking alcohol*), 13 (*Glue-sniffing*), and 14 (*Smoking*) as meriting particular attention in this respect.

Bearing in mind the above reservations, a selection of comments is shown below.

17.3 The first comment suggests the harsh method should be seen as a *means to an end*:

> ♣ The programmes and topics that should be included should be made so harsh so as to get across the seriousness or the benefits of the subject.

17.4 Another parent advocates that the horrors be *instilled*:

> ♣ Glue-sniffing has already been discussed in our home although the children are still young. The horrors of this I feel should be instilled at an early age and throughout school.

17.5 The *dangers inherent* should be emphasised:

> ♣ Topics like *Drinking alcohol, Glue-sniffing* and *Smoking* should have a strong content on the dangers inherent.

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- They [the pupils] should be aware of the dangers of physical abuse, e.g., smoking, drug-taking, etc. and I feel that these dangers cannot be overstressed, and that schools are perhaps better equipped and better able to have factual material available than parents.
- The pitfalls of using drugs, glue-sniffing, smoking, etc., should be brought home to them as hard as possible. If they can understand at an early age what harm they can do to themselves maybe fewer of them will fall.

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18. Teachers' need for sensitivity

18.1 On the surface, this category and **Special teacher preparation necessary** (category 19) appeared straightforward. Where overlap with **Concern for how topic is taught** (category 14) occurred, category 18 or 19 was usually selected as more apropriate. However, problems became apparent in dealing with this and the following section.

18.2 Sensitivity was often demanded, but was accompanied by the belief that it could be provided by training and special preparation.

18.3 The point most often at issue was not a teacher's sensitivity as such but rather his/her attitudes and beliefs, and the effects these would have on presenting balanced viewpoints. In retrospect perhaps a separated category ought to have been implemented, since neither category 18 nor 19 adequately allows for this, whilst **Possible conflict between home and school attitudes** (category 20) was devised for those comments which suggested dissonance between home and school, and goes beyond the level of concern raised here.

18.4 Where parents state that teachers' attitudes are important, the comments are included in either category 18 or 19, depending upon the flavour of the rest of their comment. Where parents suggest discord or conflict arising from a disparity of their respective beliefs, category 20 has been selected: see the appropriate section.

18.5 The problem of categorising parents' comments is often aggravated by having to determine the degree of emphasis inferred. For example, the concern felt by parents regarding a teacher's set of beliefs or prejudices may turn to anxiety regarding possible conflict between home and school — hence **Possible conflict between home and school attitudes** (category 20) would be deemed more appropriate than the current category.

18.6 When reading sections 18–21, please bear in mind the difficulties involved and that it is impossible to be absolutely categorical. How far can a teacher's need to be sensitive be met by a course or special preparation? How far can a teacher be objective about potentially very emotive topics? When does this become sufficiently aggravated for parents to postulate a possible conflict between home and school attitudes? How far does this fear promote the call for greater information for parents regarding the school curriculum?

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18.7 For these parents the answer is *straightforward*:

- The key to success in trying to cover all these topics is the sensitivity with which it is handled in the class situation. Without that all the ticks would more naturally fall in the last column ('Does more harm than good').
- I have ringed almost all the topics to be covered as necessary if time allows — most, such as *Being honest, Pollution,* etc., crop up in the normal course of day-to-day events, and it is really the attitude of the teacher(s) which is more important than a positive and deliberate introduction of subjects.

18.8 *Delicate handling* would guarantee these parents' blessing:

- Many of the subjects suggested would have to be very delicately handled if they are to be 'educated' in schools and therefore many of the subjects should be taught only with parents' blessing.
- We would rather 'influence' these topics from home. However, we realise the importance of the school's influence and provided these topics are treated with empathy and sensitivity by the teacher we are very satisfied!

18.9 A *sensitive and open* way is desired for topics if they are to be included:

- We believe many of these topics need a sensitive, open-minded approach and that careful consideration must be given to the compilation of any syllabus dealing with them.

18.10 Another recognises the difficulties of such a course and recommends support of *good materials*:

- Many of the subjects which I think should be included, should only be included if they are approached in a sensitive and open way. This may be quite difficult and put a lot of pressure on class teachers. Therefore there is a need for proper resources, i.e., videos, drama groups, etc., to demonstrate, explore and stimulate discussion.

18.11 Certain topics require care, and this parent suggests use of *small groups*:

- I have no experience in teaching but as a parent I feel that great care would have to be taken on some topics (*Menstruation, How a baby is made,* etc.) as there can be a vast difference in the range of maturity in a class of, say 8 or 9-year-olds, and maybe smaller, more intimate groups taught in a cosier environment would be better. The half dozen or so could then feed off one another, with the teacher gently informing as the discussion grows, as I am sure some children are totally ignorant on many sexual matters.

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18.12 Others singled out *specific topics* as requiring sensitivity:

- Great sensitivity required by teachers in dealing with Topics 23–33.
- There is a need for sensitivity in dealing with topics like *Death and bereavement* and *How a baby is made* — but it is good that children should be exposed to them.

18.13 The *age of the child* is important, especially if very young:

- Although I feel many of the topics on the previous pages should be talked about to 5–7 year olds, I feel strongly that they should be talked about at their level and not in the same way, and indeed detail, as to an older child. For example, explaining in full detail the birth of a baby would easily upset a 5–7 year old if not handled carefully. [*Mother of girl aged 6.*]
- Generally all the topics I consider useful to be discussed at school as well as home, but the degree and depth to which they are discussed must be sensitively handled in view of their young age. [*Mother of boy aged 7.*]

18.14 The question of 'does no harm *if sensitively handled*' is raised here:

- Assuming subjects are sensitively taught and well prepared, they should do no harm.
- The topics I've ticked should be tackled in an ideal situation, but without a sympathetic and sensitive teacher then more harm than good can result.
- Though I think most of the topics in List B are interesting I do not want my children in the hands of well-meaning amateur counsellors. The skill required to deal with these sensitive issues is not found in every teacher. In the absence of the right kind of person (not necessarily a qualified counsellor) I suspect that more harm than good would ensue.

18.15 Whether this parent assumes such skills could be taught (at in-service training sessions, for example) is not explored here, but the concept is examined at greater depth in the following category, where both parents make the assumption that topics will be handled sensitively and preferably by someone who has had *training*:

- The assumption is made that all topics involving value judgments are handled sensitively by teachers who are willing to take the responsibility and have preferably had some training in this area.

- Ticks for topics involving value judgments and morals are made in the anticipation that teachers dealing with these topics are adequately trained to deal with them sensitively and are willing to cope with them.

18.16 Their approval is obviously qualified.

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19. Special teacher preparation necessary

19.1 The parent below links categories 18 and 19 together rather nicely and raises the question as to how far *training* can help the everyday classroom teacher in tackling sensitive issues:

> ♣ I feel some degree of experience, specialisation and training would be needed by a teacher to cope with some of the subjects mentioned in a caring and sympathetic way.

19.2 The two parents quoted below appear to believe such training *would be beneficial*:

> ♣ Many subjects of a social nature, e.g., *Bullying*, I believe can be handled in a school situation by a sensitive teacher without actually allocating topic time to them. However some subjects which may be of immense psychological significance to children, e.g., *Separation from parents*, I think should be handled only by teachers with specialised knowledge, particularly where such young children are concerned. Most of the topics I have circled I would feel should be covered only where teachers are given extra training.
>
> ♣ I feel that social educaton is important where there is time available. However, I feel very strongly that teachers are often not qualified to teach as many topics which are of a psychological nature. In other words I am in favour of such topics as *Bereavement* or *Separation from parents* only where the teacher had some specialist qualification or additional training. With such young children these topics need very sensitive handling.

19.3 The *quality* of teachers was considered in various ways:

> ♣ At this age I feel the actual topic to be taught is dictated by the quality or experience of the particular teacher.
>
> ♣ It is very important that Topics 23–43, covering moral issues, should be covered by a highly-committed teacher and not handed over to every class teacher for inclusion in normal lessons. I feel that a specialist who may have done a lot of preparation and research could present the case to all groups of children in time in a more satisfactory manner than one class teacher presenting the case for every topic to one class.

19.4 The *competence* and special training of teachers was queried:

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- ♣ It would be nice to think that all of the aforementioned topics would be covered and included in any school curriculum (even in passing); but *are* they? Are the teachers designated these tasks competent enough to get the correct information across to the pupil in order to achieve the *desired* effect?
- ♣ My only concern is that all topics which I think should be included, should be discussed by a qualified person.
- ♣ We also consider that not all teachers are qualified to teach a great deal of these topics and therefore outside qualified help would need to be enlisted.
- ♣ One wonders just how much time a teacher can devote to 'social' subjects — and how does any teacher, particularly a very young one, become qualified to hand out advice of this nature?
- ♣ I think some of the topics listed may require specialist teaching. The average teacher might not be willing and/or the best person to deal with many of the topics.

19.5 An *outside professional* was sometimes suggested for certain 'sensitive' topics:

- ♣ Who will be conducting these lessons — qualified, well-adjusted health visitors or just 'do-gooders', well-intentioned teachers with little experience of these topics?

19.6 The fear of some teachers imparting their own *prejudices* provoked this parent to say:

- ♣ The danger in including some of these topics, desirable though they may be, is that the teacher's own prejudices may be imparted to the children, either consciously or subconsciously. Most adults have suffered from some emotional scarring along the way, but many are unaware of how they and their outlook have been malformed. In order that children should not be affected by their teacher's problems, those who are to include topics such as 9–17 and 23–41 should undertake group activities for better self-awareness.

19.7 The chance for teachers with reservations about the subject to *opt out* was also expressed:

- ♣ Topics 23–43 I think are all very important. However, unless handled sensitively by trained staff, I would put almost all of them into the 'Does more harm than good' category. I think it is a misconception to believe that all teachers are able, or even particularly willing, to take on a pastoral role. Some teachers find this decidedly uncomfortable.

  P.S. As you have guessed, I am a teacher and responsible for setting up a pastoral programme in my own school!

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- Important, if social issues are to be introduced, that more teachers are trained in the right approach, and should have a chance to opt out if they feel unable to cope.

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20. Possible conflict between home and school attitudes

20.1 This category was introduced to cover comments from parents concerned about the adverse effects on children of discussing topics at home and school where differing values and attitudes might produce conflict. On closer inspection a different picture emerges which modifies this rather extreme view. Far from castigating schools in this respect, a sizeable number actually welcomed the school's involvement as a means of providing their children with a balanced view. Support from this was sufficient to lead to the suspicion that perhaps a separate category, 'Positive value of differing viewpoints', ought to have been implemented. This is not to deny, however, the concern expressed by some which inititated this category in the first place.

20.2 Below can be seen the range of comments included under the existing heading, with those for and against both represented.

The case against ...

20.3 The danger of *undermining home attitudes* by including some topics at school is conveyed by the following comments:

- All or most of subjects under 'No' list are covered at home by us, and if carried out at school may conflict with the way we raise our children.
- Health education is an important part of the school curriculum, but all aspects should be covered at home by the parents. Problems may arise if parents have different ideas from those of the teaching staff.
- If the topics are not put across in a clear, open-minded manner, it can confuse the child because what she/he is told at school may undermine home attitudes.
- In senior school the teachers educate youngsters in various forms of sexual education, especially regarding contraception. While we would have no objection to straightforward information being given in, say, the last term at school, the teachers actually tell the children that there is no harm in sleeping around, as long as they take precautions. As parents we feel strongly that sexual intercourse should be confined to married partners, and have brought our children up this way.

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- Danger of subjective presentation by individual teachers whose views may be opposed to those of parents.
- The role of the school is to reinforce parental authority and it can only do this in areas where there is a well-nigh universal consensus, e.g., lying, stealing. Most of the topics, however, are the subject of wildly differing opinions throughout society and on account of this should under no circumstances be dealt with in the classroom. This obviates the need for parents to be continually contradicting what the child is learning in school and the ensuing confusion for the child.
- To place the responsibility of personal development etc. into the hands of a 'teacher', no matter how specialist, would present to our children the teacher's viewpoint, opinions and attitudes towards any of the topics in this enquiry. This could well contradict the views and opinions of ourselves and only serve to create confusion in our child's understanding.

20.4 The belief that the teacher's view *should comply with home view* goes further than the comments above and is more extreme in its aversion:

- I only hope that the teacher's views comply with my own views — i.e., 'Smoking' meaning the encouragement of non-smoking — and teachers with radical views keep their views to themselves.
- It is important that the syllabus content and teaching method in schools should not contradict the views of the parents on such sensitive areas as social and moral education. Whilst not trying to dictate syllabus content or teaching method, a published syllabus might help parents to feel confident that no such contradiction exists.
- Some of the subjects we felt were very important — such as reproduction and family life — but we are worried to include these as we feel they may be discussed in school in too liberal a way, without upholding our home standards.
- Subjects involving value judgments are difficult, particularly with such young children. People would probably only be happy if the teacher's outlook was similar to their own. Although the age differs, the Jesuit idea of 'give me a child when he's 7 and he's mine for ever' comes to mind.

The case for ...

20.5 In stark contrast to those parents condemning any views at variance with their own, the following parents actually welcomed the opportunity for their children to experience a *wide variety of views*.

- Whilst I have said that most topics could be included at school,

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I also feel it is very important that the same topics should be covered at home in a less formal manner, as everyday conversation. Problems arise, of course, particularly with questions of moral values or even æsthetics, when my views do not coincide with those of the teacher. I believe that children should have opinions of their own but must respect those of others if they cannot agree with them. I might add that my children do not accept everything I say without question!

- As you can see from the number of ticks in the first column, I feel strongly that as many of these topics as possible should be covered in school. It is only through careful thought and discussion, and emphasis on sharing ideas and opinions, that children will learn to think about these things for themselves and take a position of responsibility for some of the issues/topics mentioned. Responsibility for themselves is really what I feel it is all about.
- It might be useful for children to see points of view other than those of their parents, and in some cases guidelines and thoughts might be given which have not been forthcoming from parents.
- On some topics it is important that a child should receive an objective view besides individual parental views.

20.6 The need for a *balanced view* is advocated here:

- I feel that teachers must be very careful not to give any biassed opinions on any subject to children in this very impressionable age group. A balanced view must be given and children helped to understand different viewpoints.

20.7 Concern was expressed in 20.4 and 20.5 that dissonant values at home and school could cause conflict. This contrasts with those parents who see only *positive, beneficial outcomes* from such a situation:

- Always assuming parents' views don't clash with what is being taught in the classroom, then teachers' views and teaching should be reinforced when the child is at home. This could, of course, be difficult when it comes to subjects such as skin colour and religion, with a child hearing one set of views in school and another set of views at home. This also stands for subjects such as bullying. I personally know some children who have two sets of rules and standards, one set for school and one set for outside of school, which I personally disagree with. I do think, however, both these subjects should where possible be included.
- Problems may easily arise where there is dissonance between the 'values' presented by the teacher and those presented at home. Teachers handling many of these issues with young chil-

dren must be aware of this and should not work in a way which would create a 'crisis of conscience' for the child.

20.8 Some *specific topics* were singled out, usually to say that parents would be concerned about how they would be handled:

- Attitudes must be taken carefully. In some areas of the country attitudes differ over certain subjects, i.e., *How a baby is made, Menstruation,* etc. Those of the teacher/health visitor may clash with the attitudes of parents. Care must be taken to ensure that there are no discrepancies between teaching 'fact and fiction'.
- If you really start to get a positive health message across, it's going to create a lot of family tension. For example, our 9-year-old putting his own warnings inside his mum's fag packet!
- Question marks indicate concern in the attitude taken in the manner these subjects (23, 24, 26–31) are taught. Any subject can be taught in many different ways with countless different attitudes. An afterthought: It may well be dangerous for schools to take many of these subjects on board, as they may well directly conflict with parents' attitudes.
- Many topics could be dealt with in a factual manner and here I see no danger of the teacher being prejudiced, e.g., *How a baby is made*, but there are other topics which could cause controversy, where the standards and attitudes of the parents would differ from those presented by the school and teacher, e.g., drinking. Personally, I feel it is not wrong for a child to join in a family celebration and enjoy a glass of wine. This personal attitude may not be acceptable to the teacher and I would strongly oppose anyone who set my child a different attitude. *Understanding the needs of old people* is another topic very open to much discussion as often we see very poor standards socially set by the older generation. It is not every aged person who deserves respect.
- I do not believe any of the topics could be harmful apart from 24 [*Separation from parents*], which could cause unnecessary anxiety, and 25 [*Death and bereavement*] where a child could suffer if at some time in the past a death has been 'glossed over'. If a child has been given a less hurtful story of where a dead person has gone and then hears a different version from a teacher it could lead to problems.
- As a parent I have views which I have imparted to my children on important matters, mainly death and criminal activities, and I find the thought of other people putting a different view strongly rather worrying. If I can give an example, I've always told my children, and I deeply believe, death is not a sad ex-

perience, and I'd feel rather grieved if a teacher had different views. What I'm trying to say is the subjects stated should be talked about freely but great care should be taken not to give moral values, as who is to say whose values are right?

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21. Parents' need to be informed of the curriculum

21.1 This category has links with **School and home** (category 22), but here specific reference is made to the need or desire to see the syllabus. It goes further than category 22 because it includes the element of active involvement. If by implication the comment suggests the need for curriculum information, then it is included here rather than in category 22. Similarly, if reference is made to co-ordination between school and home, i.e., some sort of organisation, then comments would be contained here rather than in the following category.

21.2 This category begs the question why parents need to be informed, and to what purpose. The comments range from those requiring to know in order to give their permission for their children to participate, to those simply desiring to be informed. To those wishing to know in order to expand and further explain the topics if felt necessary, and leading on from those, parents wishing to be actually involved as a response to their concern over attitude formation with respect to certain topics. Other parents single out specific topics which they feel could cause embarrassment or anxiety and would like to aid the school by continuing work begun there. Another group actually felt their completion of the questionnaire had been hindered by lack of knowledge regarding how the topics would be implemented in school.

21.3 It is interesting to note that the demand for active involvement (that is, in the classroom), came mainly from the parents of one region. One wonders whether there is already an existing policy or pattern in this respect in the region.

21.4 The following *general reasons* were given:

- Before starting a health education course I feel it would be helpful to involve parents initially, so they are aware of the subjects to be covered.
- Most of the subjects have to be done in conjunction with the parents.

21.5 These parents felt the need to be able to *give permission or consent*:

- I feel that all 43 topics should be covered at home as well as school, time permitting. The three topics I have not ticked — 9 [*Human reproduction*], 10 [*Menstruation*], 13 [*Glue-sniffing*] — I would agree to at school only if the full syllabus was available

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to myself, the parent, and met with my consent.

- We are a Christian family and I think it is important that most subjects included should begin and continue to be learnt at home. I would be most upset at my children being given information about other religions, witchcraft and things of this nature and I feel parents must be asked to decide beforehand, thank you.
- I feel the inclusion of certain topics into the school curriculum should be subject to the parents' approval, not included as a matter of course because of 'popularity'. Certain topics are obviously beneficial to the majority. However, from my own point of view I would like to say 'Yes' or 'No' before my child attended discussion about such sensitive subjects as *Death and bereavement* for example.

21.6 These parents felt the need *to be informed*:

- I do feel that in this age group parents should be informed about any film or slides and visits etc. from police, nursing, etc.
- I think it is important to keep parents informed of what is being taught at school.
- Parents should be kept informed if any of these subjects are being taught at school, and involve the parents if possible.

21.7 The need *to support and reinforce learning* was noted:

- Parents should be notified of the subjects being covered and when, to enable them to reinforce and support learning at the appropriate time.
- Many of these topics which I have ticked as a definite 'Yes' (to be included in the school curriculum) should be equally covered outside school — perhaps more parents should be given guidelines as to how to approach what could be seen as 'difficult topics', e.g., human reproduction, race relations, etc. A project including parental help would be a good idea, e.g., topics discussed at school and at home, then back to school for discussion. A lot of the subjects should be dealt with at home, but some of the children take more notice of what teachers say. Hence if there was a planned programme where parents knew what was being taught in school, and could talk to their children at home as well, the children would benefit all round.
- Health education like all education should be a joint effort between parents and the Education Authority, and to avoid confusion it would help parents if they were informed at various stages what their children were being taught, so that they could expand and further explain the topics if they thought it necessary.

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- Most of the topics are important enough to be included, but I also think it is most important they receive parental support and backup. Therefore any relevant literature on each topic would be most useful and beneficial to parents and children alike.
- I feel that on all the topics there should be co-ordination between school staff and parents. Parents should be made aware of topics discussed during the term so that they can fill in the necessary gaps.
- It would be helpful to me if I knew when health and social education topics were being discussed with my child as she is inclined to keep these things to herself.

21.8 These respondents whished *to be involved actively*:

- Parents could also derive benefit from being part of these lessons. Will there be any involvement from parents and will you produce handouts/leaflets that the children can bring home for us to read and discuss further? Can parents insist that their children will not be taught about certain topics listed previously? Or will some clever computer suggest a majority decision in favour so everyone gets it? I hope not. When will we be told what is going to happen, when, where and how?
- Perhaps more involvement by parents with school work by way of projects they could share together with the children.
- If possible parents should be advised of topics being discussed with children so they can be prepared for questions arising and possibly discuss further with the children. The loan of books on the subject may also be useful.
- How about some classes for the parents, especially in the areas covered by subjects 1–22 inclusive, in List A!
- Parents should be actively involved in Topics 23–43, perhaps through the PTA or public meetings as well as in the home. I am very much against sterotyping of gender and family.
- If any of this suggested idea of a health education programme is to be carried out in any particular school, I think the teaching should be done with the parental presence, so that it can be done in a 'family environment'. Hopefully more than two parents would be invited along.

21.9 The need for involvement was also prompted by concern about *attitude formation*:

- I would like to see these sorts of subjects taught in co-operation with parents, i.e., evening lectures for parents on subjects being covered at school, so that discussion can take place at home and

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parents' views can also influence child's attitudes.

- I think that parents should be allowed to participate in actual lessons when certain subjects are being discussed or films shown, i.e., sex education. I feel the children wouldn't feel embarrassed and we could answer individual questions and queries as soon as they arise and I would like to know exactly what they are being told about such important subjects which might have a great influence on their lives and attitudes towards life.

21.10 These parents required *more information about the topics* to complete the questionnaire:

- We feel that the lack of details about each topic with regard to what would be taught makes it difficult to give a fully-considered opinion. We feel that several of these topics might be useful but would like to be consulted about the content.
- Our views on a lot of these topics would be affected by more detailed knowledge of what would be covered under the topic headings. We would be concerned if some of these topics were covered in schools without prior warnings to parents.
- A more positive answer could be given if a syllabus was included for each subject mentioned.

21.11 *Survey results* were requested by some:

- Could we please have the results or outcome of this questionnaire on completion?
- This questionnaire would be most useful if discussed with the children in the school, with use of debates, views, etc. as stated in the accompanying letter. Also if at the end of the computer study we parents could have some idea of the outcome (a general analysis) of the study.

21.12 *Specific topics* were noted as requiring parental input also:

- With Topics 9, [*How a baby is made*], 10 [*Menstruation*], and 28 [*Physical growth and development*], and any other topic related to sex education, we feel it would be a good idea if parents were invited to school to discuss the way the subject was going to be approached. Parents should have the choice of whether or not their child receives sex education at junior school as not all children are mature enough to understand at this age.
- The topics I have marked (9 [*How a baby is made*] and 19 [*Safety at home*]), I consider that children between the ages of 5 & 7 are too young to cope with, and when you do decide to tell, parents should always be consulted. On the subject of Topic 13 [*Glue-sniffing*], if and when you decide to tell the children at any age, you should ask the parents' permission first!

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- A number of the topics, e.g., *Being honest, Feeling good about yourself*, could and maybe should demand a religious/philosophical approach. I would want to know what that approach was.
- I would also like to know the probable content of the lessons before they are taught, especially in emotive subjects such as sex education and bereavement. As most of these topics are relevant to family life and social behaviour the children cannot be taught in isolation from their families.

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22. School and home

22.1 This category produced a great many responses — a veritable treasure-trove of comments. So vast in quantity were the comments that a school not producing a comment proved to be the exception rather than the rule. Of the 125 schools contributing to the national survey, 116 made a comment (or comments) in this area. The number of responses per school was again very high, with some schools producing very voluble parents. One region sported two schools who recorded 17 and 14 comments in this category alone! Obviously **School and home** was a topic that excited much opinion and debate.

22.2 This category and the two following it (**Reluctant — school OK** and **Home not school**) could be viewed as three parts of a whole, ranging successively from the most positive to the least positive with respect to school involvement. Certainly when the content analysis was drawn up these three were devised as a way of accurately identifying the degree of support given by parents to this area of the curriculum.

22.3 Some suggested including a *'Home and school' column*:

- By 'outside school' I mean in the home. Many of these topics should be taught both in the home and at school but this questionnaire does not allow for this.
- The 'one tick only' hides the fact that I would desire all these subjects covered at home as well. School should reinforce the home teaching, and vice versa.
- I think it is important that many of the topics listed be dealt with by the teacher and parent. I would have put two ticks per line in many cases.
- We feel that several subjects should be covered by both home and school — so found it difficult to tick just one column. Topics 40–43 [*Vandalism, Stealing, Pollution,* and *Conservation*] we found particularly difficult to answer.
- We found your instructions of 'one tick per line' difficult to adhere to as we felt many of the 'moral' or 'value' topics, while having their basis in the home, could also benefit from back-up within the school.
- I feel that all the topics that should be covered at school should also be covered at home, but there was no provision on the form to say this.

22.4 *General and parental involvement* was advocated by some:

- I feel that most of these topics should be discussed both at school and at home. Ideally the parents should be present or at least involved with the school on these matters.
- Quite a number of these questions we would think should be covered both at home and at school.
- Many if not all of these titles should be taught not just in school but at home, and if taught at school should have parental involvement.

22.5 *Joint responsibility* in caring for the child suggested a more positive role for the parents:

- From the age of 5 years two people help to raise that child. Sometimes a mother overlooks the bad points in her child whereas a teacher can see them. So maybe if there was more communication between teachers and parents we could help raise a better child who would understand and care more about people around them and also appreciate the environment we live in.
- I think that the items I have ticked as being taught at school could also be taught in the home because if a child can have both parent and teacher co-operation it will learn that caring is one of the important issues in life. It will also help the child with having communication both in home and in school giving a feeling of security.
- It is important that the home and the school contribute on such topics together for the good of the children.
- Many of the titles should be covered both at home and at school and it is not really practical to separate the responsibility, e.g., Topic 35 [*Honesty*] is learnt by the child following the example of parents and teachers as well as being a principle taught by both of them.
- Your questionnaire seems to imply there is some separation between home and school. Many of the topics listed are discussed in school as a matter of course when situations arise, e.g., *Stealing, Bullying* and *Vandalism* and consequently I would think are in turn discussed at home.
- I feel that on many of the topics responsibility does not lie entirely at home or with the school. School often has more access to films and teaching aids on most of the subjects covered but back-up from home is essential and important to create a good bond between parents and children.
- Co-operation between school and families vital for effective

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personal development and health education.

- I find it difficult to place just one tick against items as many are joint responsibility of school and parents.

22.6 The following comments emphasised the *responsibility of parents*:

- We are in complete agreement with our children being educated as responsible members of society, as long as parents do not transfer their responsibilities and vital links with children entirely to the teacher. We feel there is already too great a willingness for some parents to leave 'everything' for the teachers to explain, which can lead to a breakdown in relationship between parents and children.
- I am happy for all subjects to be raised but would like to know when this is happening as they cover a lot of my responsibilities and I would like the discussions at school to continue at home, in order for my daughter to have the opportunity to hear as many viewpoints as possible on subjects that require discussion.
- Although I have marked 'Yes' in a number of the columns I feel that a lot of the subjects mentioned, such as *Glue-sniffing, Stealing, Smoking*, etc., are still very much the responsibility of the parents, but would still be useful for the children to discuss these matters within the school.
- Although I have ticked such subjects as *Menstruation, How a baby is made*, etc., I do not place total responsibility on schools or teachers to educate my child in such subjects. I would always want to be informed of all information, so as to be prepared to answer all questions arising out of such lessons.
- A lot of the topics need to be taught side by side with family and school, rather than one or the other.

22.7 These parents suggested equal coverage of topics *at home and school*:

- Some of the questions which I have stated should be included would obviously also be covered in the home environment.
- Many of the topics mentioned should be emphasised both at home and at school.
- Regarding the list of topics, those which we feel are important, in my opinion, should also be covered at home between parents and children.
- Many of the topics should be covered at home and school.

22.8 Some topics should be covered at home first, then *expanded at school*:

- Anything marked in 'Should be included' should be covered at home first and expanded in the wider social setting of school.
- We feel that the majority of these subjects should be covered

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> at home with the school reinforcing and expanding on certain areas. We see the role of a health education programme linking human growth and behaviour/development as being very important. To have continuity in behaviour from home to school would hopefully set standards which can only benefit our children for the future.

22.9 The school can also *reinforce the message given at home*:

- I do not see any harm in having things reinforced in school as long as it is handled properly, and not by anyone over-biassed on a particular subject.
- Though the bases for most of these subjects are things a child learns from his family, a talk or discussion from an outside expert is helpful to clarify or stimulate these ideas.
- I think that most of the moral issues should be taught naturally at home, also health and hygiene from a very early age. However, a supportive attitude from teachers will reinforce the parents' guidance.
- One also hopes that parents will (or should be encouraged to) tackle all, or most, of these subjects in the home, and that school serves to provide a back-up.
- We felt many of the topics we would like to see included in the curriculum should also be covered at home but that the school is able to reinforce them.
- Health and safety education as an important part of life should primarily be the responsibility of the family unit, reinforced by topics undertaken at school.
- Beneficial for many topics to be reinforced by school teaching following introduction at home. One cannot divorce home and school from many of these topics.

22.10 Covering topics in school and *expanding at home* recognised the limited time available in school:

- Although I have agreed that nearly all the above topics would be desirable to be handled in school, I appreciate that time would be the greatest limiting factor. Therefore I think it might be useful if some guidelines were offered to parents to help them deal with these subjects at home or at least complement whatever has been covered in school.

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- If a subject can be started in school by the teacher it can be expanded on at home. More notice is taken of the teacher, on introduction to a new subject, than of a parent.
- We feel that most of the subjects could be covered at home and at school but have tried to consider the time available. We also feel that a lot of the subjects could be covered by a leaflet sent out via children to their parents. Although parents may guide their children we do not always have enough detail.

22.11 The feeling was expressed that *children listen more to teachers*:

- A lot of these topics should be dealt with at home, but children seem to take notice of teachers more than parents at this age. Also parents get interrupted when trying to explain a topic, then the child only ends with half the information, or not understanding any of it.
- I have ticked several subjects to be covered in school, but feel they should also be covered at home. Most of these subjects would have more impact on the children if covered at school as well as at home.
- I think that children in this age range take a lot of notice of their teacher. So many of the discipline and cautionary topics are very important, such as *Safety in traffic* and *Stealing*. This is followed up at home, but the impact most of the time comes from school.

22.12 *Specific topics* were mentioned as appropriate for home and school:

- Topic 40 [*Vandalism*] I feel should be discussed both at school and at home, also Topic 32 [*Bullying*].
- Regarding understanding of people and right or wrong, this should be taught at both school and home. 'Drugs' is very important and also applies to both school and home.
- Topics 16 [*Understanding the needs of handicapped people*] and 17 [*Understanding the needs of old people*]: these two subjects should in my opinion be covered both at home and at school.
- Some of the things mentioned, e.g., *Glue-sniffing, Drinking alcohol*, etc., should be covered at home as well as it is very important to bring home to children the dangers of these.
- In some areas where the peer group plays an important role, e.g., 29 [*Getting on with boys and girls the same age as yourself*], or where resources would be useful, e.g., 42 [*Pollution*] and 43 [*Conservation*], the school has a more innovative role to play and facts learnt at school can then be developed and supported in the home and extramural activities.

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- I found this very difficult to complete as many of the topics listed I feel need close co-operation between school and home. I wanted to tick 'Should be covered outside school' as well as the columns that I have ticked. For example, *Death and bereavement*, whilst an important topic for children to understand, could be distressing for a child if he felt unable to discuss what he was told at school when he got home with his parents. Similarly, *How a baby is made* and *Menstruation* need to be discussed on a one-to-one basis in the first instance.
- If some of these very delicate subjects are taught in school I think that parents should be aware so that they can if necessary carry on discussion at home. A child might come home from school very worried about a subject such as *Death and bereavement* but not like to tell their parents, but if the parent knows what was discussed in school that day they can hopefully understand and perhaps help that child overcome its difficulties.
- Social and moral education should be a joint activity with the school and home playing an equal part.
- Some of the topics listed would be beneficial to the child if discussed at school and at home. I feel parents and teachers should work in conjunction with one another, e.g., *Bullying*.
- A lot of the things should be taught at home and at school.
- Parents should be encouraged to take more interest in what their children do inside school as well as out.
- All subjects should be dealt with at home or outside school, but inclusion at school to some degree would be most useful as reinforcement.

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23. Reluctant — school OK

23.1 Within this category fall comments which accept or acknowledge that health education should be done in school, but qualify their approval (unlike category 22, where parents were positive in their support and embraced the idea of working together). Where comments suggest a reticence on the part of parents for schools to be involved in this area of the curriculum, for whatever reason, they are placed in this category.

23.2 Some parents may give approval only for certain topics, or as a back-up to work begun at home, while others may reluctantly accept health education in the curriculum on the basis of other children's needs, as at best being moderately useful or harmless, at worst an intrusion allowed for the benefit of the unfortunate disadvantaged.

23.3 The comment below highlights this *'benefit the disadvantaged'* attitude:

> ♣ These topics are primarily the responsibility of us as parents, especially 23–43. The school should only be reinforcing these in respect of our children. However, we accept that many children do not receive this guidance from home and need to be given this understanding, knowledge and self awareness through the medium of school.

23.4 This comment was coded as fitting both categories 23 and 25 (**Mentions other children's needs**), and highlights another issue: in many instances it was found that comments justified inclusion in both categories 23 and 25. The awareness of other children's needs was often quoted as a reason for giving qualified approval of these topics in the curriculum.

23.5 When the team drew up the categories they aimed to reflect parents' views as honestly as possible. They recognised that many parents considered other children's needs and made specific reference to them with respect to the school curriculum, and category 25 was designed to reflect this view. However, it was not envisaged that a significant number of parents would cite other children's needs as a reason for allowing schools, albeit reluctantly, to become involved in this area of the curriculum which they as parents felt was their responsibility and preserve. This in practice has meant considerable overlap between categories 23 and 25.

23.6 The following comments emphasise that *parents have prime responsibility*, and that ideally the school should not have to cover these topics:

- First and foremost a child is the total responsibility of the parent, but unfortunately with the breakdown of family life which is a sad fact of life today a Headteacher or teacher may be the only person a child can talk to and raise questions with.
- Most of what I have ticked could and should be done at home. However, if it is not taught there it would help a lot of children to have it taught at school.
- Although I think it is necessary to cover certain topics at school I feel that it is a parent's responsibility to make their own children aware of most of the topics covered in the questionnaire. My main reason for this is that a parent knows when their child is ready to understand the information given to them.
- I feel that all the subjects mentioned should be learnt and talked about at home. However, as this is not always done then the next best thing is for it to be taught in schools.
- I do not believe school should shoulder all responsibility for teaching basic lessons of life and living. Parents should still take the lead and anything else they learn at school should be an added bonus.
- I feel that a lot of these subjects can be introduced in general discussion at school, but really we parents are responsible for the general health and moral welfare of our children.
- I feel that it is the place of the parents to teach many of these topics before the children even start school. However, some should be taught by both. I would rather my children not be given sex education at school as I want to and have started to teach morals and responsibility along with the facts to my children. Marriage seems to get left out of the picture today.
- All of these subjects should be covered by the parents, but perhaps if they are not, the teacher is the next best.

23.7 Schools' *shortness of time* is a reason for reluctance to include health education topics:

- Some topics, e.g., 5 [*Talking with doctors, nurses, dentists*], are better dealt with outside school but it would 'not hurt' for them to be discussed at school if there was time.
- All 43 topics listed are sound, interesting subjects which I think 8–12 year olds, if approached in the correct manner, can only benefit by the knowledge. I feel, however, a great many of the subjects should be covered in the home. School time is so short

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and precious and I think that possibly there can't be enough time to cover these topics at great length.

- The majority of these subjects would, I think, be easier to handle at home where and when they arise. This would take a lot of pressure off the already busy school programme.
- I agree that children should be taught all about every subject mentioned, but in the majority of cases there should be no need for this at all. It seems to me that more is being pushed into the school curriculum, and overcrowding an already crowded time, especially as there are less teachers and more pupils per class.

23.8 Some were reluctant, but thought that *other children* may need these topics covered.

- Ideally most children will learn about these topics at home when their parents think they are ready, but for those who don't it is a good idea to cover them at school.
- In List A of the questionnaire my responses were based on my feelings about the type of health education I would want for my own children. I realise that some of the topics which I have indicated should be dealt with outside school, may not necessarily be possible for all children, in which case they should be dealt with in schools as I believe they are important topics.

23.9 Others expected *duplication* at home and school:

- I feel that children coming from a 'normal', loving home, discuss a lot of these subjects there with their parents, and would find duplication at school rather tedious.

23.10 Teachers should give *other subjects* priority:

- Sometimes we should bear in mind that teachers are there to educate us scholastically. We must therefore as parents be prepared to cover other subjects ourselves, i.e., moral and physical welfare is the job of the parent and anything the teachers do in this respect should really be seen as an extension of home background.
- Although we agree to some of these topics being included, we feel strongly that too much emphasis is placed on social behaviour rather than educational requirements. The majority of these subjects should be learnt from the child's parents, leaving the school to get on with the educational English/maths., etc.

23.11 These parents saw the school in a *back-up* role:

- I think all the subjects mentioned here should be taught firstly at home and then backed up at school.

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- I feel most topics from 23 to 43 should be taught by parents as part of the child's upbringing, although the backing of schools would be useful.
- 'Should be covered outside school' — I take this to mean being covered at home, as these are all subjects that should be dealt with first by the parents.

23.12 The following *specific topics* were mentioned:

- I believe that children should be taught about their bodies at an early age. Although this should mainly be the responsibility of the child's parents, it does help if some sex education is included at school. This enables the child to react to their physical development as a natural thing and not something dirty to snigger at.
- Topic No.9 [*Human reproduction*] — we feel that this topic should only be discussed within the context of a loving adult relationship and not reduced to a lecture on sexual mechanics. If teachers are not able to achieve this, then the subject is best left entirely in the hands of the child's family.
- Topics 9, 12, 13, 14, 19, 25, 36, 35, and 39 I feel are very important to be discussed at home, but if the time and attention is not available in any family then they should be covered at school.
- I think a lot of these topics should be covered at home, but I think the school should impress on young children the dangers of smoking, glue-sniffing, alcohol, vandalism, etc., as young children tend to take more notice of their teachers at this age than their parents.

24. Home, not school

24.1 Comments were selected for this category if it was felt that home and not school was the place for the topics under consideration. Such comments were considered negative and at the opposite end of the scale from **School and home** (category 22).

24.2 This proved to be a very popular category. Out of the 125 schools returning parents' questionnaires, 91 had comments in this category, and only 34 schools had no comments relating to **Home not school**. The total number of comments made was 223. This contrasts with **School and home** (category 22), which recorded 548 comments, and **Reluctant — school OK** (category 23),which had 116 comments in total. So whilst there were a large number of parents who felt that schools should not involve themselves in this area of the curriculum, this is offset by the higher number of 548 responding very positively to the school's activities. It must also be remembered to view these figures as part of the total sample from parents, of whom 5,562 completed the I/F questionnaire and 10,208 completed the J/M questionnaire.

24.3 A *general comment* in this category was as follows:

- Some of these topics would be more beneficial if they were taught at home.

24.4 Some saw health education as the *parents' responsibility*:

- We believe that 95% of these subjects should be the responsibility of the parents.
- The majority of questions asked are answerable by the child's parents. Too much responsibility is being taken away from the 'family' and put into the schools, which causes lack of communication within the family home.
- All these subjects should be covered outside school by the parents and have nothing to do with a school education.
- I think as parents we should not expect teachers to take over the responsibility of parents as regards teaching our children good conduct, manners, and becoming responsible human beings. The school should be there to educate and not to bring up our children.
- I take full responsibility for my children's morals and wellbeing, and believe that it is the parents who need educating.

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24.5 The following parents commented that with limited time the '3 Rs' were the most important topics:

- I feel that the majority of these topics should be taught at home and schools should concentrate more on the '3 Rs'.
- I think parents should cover quite a few of the subjects, leaving teachers more time for study.
- I am concerned that too much time is going to be devoted to psychological and sociological issues which should be dealt with by responsible parents. School should offer such education topics I cannot offer, i.e., chemistry, history, maths., etc!

24.6 Some suggested *sensitive issues and specific topics* that were best covered at home:

- We feel Topics 9 [*How a baby is made*] and 10 [*Menstruation*] should not be taught as a 'subject' but should be discussed from an early age within the security of home as part of an everyday occurrence.
- I feel that the subject of *Death and bereavement* should not be included in my child's education as I feel it is up to the parents to explain this matter.
- We feel that in this age group, most of the personal topics, i.e., *Feelings, Stealing, How the body works*, and *How a baby is made* should be covered at home with parents as questions and problems arise spontaneously. [*Parents of girl aged 6.*]
- I consider it is the responsibility of the parents in the main to teach their children acceptable social behaviour and basic moral standards, e.g., about vandalism, honesty, racism, bullying, etc.
- Topics 12 [*Drinking alcohol*], 13 [*Glue-sniffing*], and 14 [*Smoking*] should be discussed with the child by parents at home.
- Many of the topics — particularly those from the 'social education' list in List B — while important for a child's education, we consider to be more appropriately taught by parents.

24.7 The following selected *different topics* to be covered at school and home:

- For this age group we think that topics about our body and how it works have advantages, as some children don't get taught anything at home. We think that the more open you are about sex the less hang-ups a child will have. The topics *Smoking, Glue-sniffing, Drinking*, and *Vandalism* should be dealt with at home. [*Parents of boy aged 6, girl aged 9.*]
- Having nine children has made sex education fairly easy in our family, but I believe it is very important in school. *Honesty, Vandalism*, and *Stealing* should have been covered by parents

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long before this age. *Why people worry, Bereavement,* and *Feelings* are best handled by parents. [*Parents of girls aged 8 and 11.*]

- I think some topics, such as 9 [*How a baby is made*] and 10 [*Menstruation*], should be left entirely to parents. This is a personal subject, and should be talked about on a one-to-one basis, not in a classroom full of 30 or so other children. Parents know when their children are mature enough to learn these subjects.
- Apart from physical education, the items listed are surely a parental concern, and personally I feel that schools should confine themselves to academic pursuits.
- Some of the questions I would say 'No' to, as I don't think the school should teach, I think parents should.
- Most things should be done at home with some help being given by the schools in certain areas like drugs, glue-sniffing, and similar areas.
- Personal hygiene and safety should be the parents' responsibility. *Smoking, Drinking alcohol* and *Glue-sniffing* should be emphasised at school but it is the responsibility of the parent to set an example to the child.

24.8 Some comments took *the child's age* into account:

- For children aged 5–7 I really think this form is unnecessary. All questions asked at the moment should be handled at home.
- I feel that some questions are not really applicable to the 8–12 age group, certainly not for class discussion, i.e., Topics 9 [*How a baby is made*] and 10 [*Menstruation*]. The first four topics are things that should be the parents' place to discuss, also *How a baby is made, Menstruation, Family life, Death and bereavement,* and *How boys and girls behave.* As a parent, I feel that all health, sex or body development should be dealt with in the home.
- It is difficult to assess some of the topics' values for such young children. At this age most of the topics, in general terms, should be the responsibility of the parents. [*Parents of girl aged 4.*]

25. Mention of other children's needs

25.1 This category is self-explanatory. Some *general comments* were as follows:

- All these subjects should be covered by parents at home in preference to school. However, one recognises this is not always the case and it is therefore necessary for these subjects to be covered in school by teachers properly trained in the presentation of such matters.
- I felt a lot of the topics should, under normal family circumstances, be dealt with by parents as the child grows up. However, one cannot exclude some as not all children come from a secure happy family.
- I found this very difficult as all these topics should be covered out of school in a caring home. I realise that a lot of children do not, however, receive this kind of help at home and depend very much on school, so I have ticked many topics with these children in mind.
- I filled this in not with my child in mind but the majority of children that attend the school. Topic 9 [*How a baby is made*] I'm not sure at what age. Quite a few should be covered at home but I think some parents don't bother, so they should be taught at school.
- Most of these things I would think are taught at home, but for those children who do not have this knowledge I think they are very good discussion topics.
- Parents, I think, should be responsible for their children, and many of the topics listed should be covered by them. Unfortunately I don't think this happens in all cases, so some coverage and discussions at school would be a fine idea.

25.2 The following comments mentioned *specific topics*:

- I would think that schools with large numbers of 'disadvantaged' pupils would need to spend more time on such topics as healthy eating and care of the body. I think this should be left to the discretion of the Headteacher. As for sex education, I am in two minds. I hope that we can instruct our children as and when they are ready, but realise that some parents feel unable to do this and therefore their children need formal instruction at school.

- Some parents may not feel qualified or able to discuss certain topics, e.g., 9 [*How a baby is made*], 16 [*Understanding the needs of handicapped people*], 25 [*Death and bereavement*], and 30 [*Understanding people with different coloured skins or different religions*]. Therefore the child is left in ignorance or left to use his own imagination if these topics are left out of the school curriculum.
- Our answers, particularly for Topics 9 [*How a baby is made*] and 10 [*Menstruation*], are based on the fact that we are able to talk with our children about things. However we are prepared to accept that this is not so in all families and therefore it is often necessary for the subjects to be included in school.
- Some of the topics I have ticked for inclusion in the 8–12 school curriculum, e.g., *How a baby is made, Menstruation, Stealing, Feelings, Death and bereavement, Drinking alcohol, Glue-sniffing, and Smoking*, should also be covered outside school within a close loving family situation ideally. Where this does not exist, it is essential that a trained person, e.g., a teacher, then deals with it.
- Topic 23 [*Family life*] is not suitable for children from deprived homes.

25.3 *Other parents' inadequacies* were also taken into account in these comments:

- In cases where parents are not sufficiently concerned, then it could be helpful to have some of the topics covered at school, but care would have to be exercised to ensure that no child became unhappy or confused.
- Ideally most of these subjects should be covered at home, but I believe a lot of children come from homes where parents just don't care, therefore it falls upon the school to educate children in these areas.
- I think that all the topics listed should be covered at home but that as many as possible should also be covered in schools for the benefit of children who do not communicate well with their parents.
- Most of the topics listed should be the responsibility of the parents to discuss with their children, but bearing in mind that some parents are unwilling to do this then help given by schools would be welcomed.
- It is our opinion that all topics mentioned in List B should be taught at home. It is a parent's responsibility and not the school's. Obviously there are cases where parents neglect the responsibility or are unable to help the child, and we would

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then expect a teacher, as a caring person, to cater for that child's needs and to be ready to answer the child's questions as and when they arise.

- In an ideal family most of these topics are best covered at home — but there are few ideal families. Sadly, therefore, it must be left to the school and teachers to replace the family influence.

25.4 The varying *maturity of children* also had to be considered:

- Children vary enormously in maturity. What some need at 10 years, others won't need until 13.
- Having answered all the questions my views would differ slightly for children between 8 years and 12 years of age, as I feel 8 is too young for some of the topics but 12 would be more suitable. [*Parents of boy aged 8.*]
- I wish for it to be noted that I would have answered many of these questions differently for my son aged 9 years. [*Parents of girl aged ?.*]

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26. Differing health priorities in different communities

26.1 All regions had at least one school responding in this category. The meaning of the category is straightforward.

- I also think that in certain areas where prejudice is very strong the well-balanced instruction on racial subjects, etc., which would be got in school, might help to stop prejudice from being passed on through generations.
- Topic 30 [*Understanding people with different coloured skins or different religions*] is more important in mixed ethnic communities than this one [Wales]. Might generate mixed racial feelings.
- Basic curriculum should comprise '3 Rs', from which should be developed the topics mentioned — different areas, social classes and abilities will dictate which topics are included, e.g., a Birmingham inner city area parent will not select the same topics as we have [in Shropshire]. Therefore the curriculum must vary from area to area, community to community, and must correspond with the individual child's needs and not the teacher's fancy or attitude towards the topic.
- I feel a lot of the topics depend on individual circumstances and where you live and should therefore be treated as such.
- I think the needs of children differ in certain areas.
- Our own home situation covered nearly all these topics, but from working in school in a deprived area I know from experience that these topics are not covered and taken care of by parents of these children. By tackling it in school they at least get a 'broad' education.
- It also depends where the school is situated as to what topics are relevant, e.g., a city school may need to deal with vandalism, a country school conservation.
- Obviously the importance of topics differs from area to area and one age group to another. The topics I have chosen tend to be more important to my child and our life style, etc., at this present time.

- An interesting attempt to modernise the curriculum. Doubtful, though, that it will carry any weight due to regional, local and social class variables.
- As regards drugs and glue-sniffing, I may have given a different answer if I lived in an area where these things are more apparent.
- Location of the environment of the child is relevant — North Devon is hardly multiracial, and handling of anti-racism beliefs would be different here, say, to Southall!

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27. Lack of responsibility and caring in society

27.1 Responses in this category support the view that teachers have to fill a gap caused by parents abdicating responsibility. The following comments see the schools needing to fill the gap left in a child's education by *careless parents*:

- The importance of good manners at all times cannot be stressed too highly in a civilised society. This embraces respect for other people (especially elders) and their property. Too many parents are lacking in this responsibility, therefore teachers have to fill this gap.
- Many of these items should be tackled at home. I appreciate, however, that many parents these days are only too willing to shun their own responsibilities and leave it to teachers. I feel strongly that this is the wrong attitude.
- I firmly believe that development and health education of the individual child should be the responsibility of the child's parents. Too often parents opt out of their responsibility towards children's education and leave it to the State.
- If parents did their jobs properly there would be no need for any of this to be taught in schools.
- Nice to see an effort being made to include morality in school instruction, but feel it is mainly due to lack of home instruction in many cases.
- We both feel that honesty, personal responsibilty and respect for elders and authority are sadly lacking in this day and we feel that this should be in some way included in the curriculum.
- Many of these topics have been traditionally thought of as the responsibility of parents, and many would claim that they should remain so. However, as a parent employed in the field of health education, which includes visiting many schools (although regrettably not this one!) I have seen at first hand how today's parents neglect their responsibilities. One is forced to conclude that if tomorrow's adults are to be well rounded, health conscious, caring, responsible citizens, and if there is to be any hope for the next generation, then school must be the arena for this sort of learning.

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27.2 A contrary view was that *parents may abdicate their role* if schools get involved:

- If teachers do make these topics a part of the school curriculum there will possibly be the danger of some parents taking on the attitude that 'it isn't my job', and they may start to take less and less interest in the child's welfare. More responsibility should be taken by parents at home.

27.3 The following *specific topics* were mentioned as examples in this category:

- In my opinion, the main cause of pregnancy today in the young is lack of understanding of emotions and how easily they take over your body. As a parent of two daughters, I try and explain these things, but unfortunately, this doesn't happen in too many homes. Self-respect and feeling proud seem to have got lost somewhere, and love takes second place to sex. It should be taught in all senior schools that there is a difference between making love and having sex; the latter taking over is what is happening today.
- Topic 38 [*Being bored*]: a child should never feel bored, but sadly in this busy world a lot of parents have little time for their children.

27.4 A general lament:

- We should all try to teach our children in a loving way also to care for others and to be considerate, something which seems to be not as important as it should be.

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28. Influence of TV

28.1 The absence of television viewing *as a topic* surprised some respondents:

- You have not asked any questions about TV and whether we agree with non-supervised viewing. I realise that this survey is about personal development and health education and therefore feel that as most young people watch television nowadays, it should have had a place, as there are many television programmes that the children watch at school.
- You fail to include television in your survey — I find this the biggest influence in children's lives whatever their school age.
- Why no questions on TV programmes watched by child as family or alone? This family regulates viewing.
- You have not asked about the impact and influence of television. Rightly or wrongly children probably learn more about all these [topics] from television than from any other source.
- I am surprised you have not included television (i.e., watching too much) as one of the topics. It would make a valuable contribution to the curriculum.
- I would like to see some form of education on the subject of television, i.e., that there are other things to fill their time — hobbies etc.

28.2 The *negative effect* of TV on behaviour caused concern for some:

- As for glue-sniffing, drinking, etc., why bring it to the notice of children? If the press and TV didn't broadcast it, glue-sniffing wouldn't have spread like it has with children. If it's brought into this school programme it can only lead to lots more children trying it.
- There is too much sex on the TV as it is, in nearly every programme, and I think at my girl's age (9) they are tempted to go and try what they see. I think that is why there are so many children getting pregnant.
- Topic 13 [*Glue-sniffing*]: Press and television blow this subject up. Children try these things if they see it on the television. They have actually been shown how to use it.
- I feel in this day and age there is so much violence on television to influence children, not just series but on the news, which

involves grown-up people who we think should set a good example of how to act and behave.

28.3 TV can be *in conflict with reality*:

- I think it would be a good idea to include a topic about the difference between what is seen on television and real life. My child went through a phase not very long ago where he had trouble telling the difference between what he saw on the television and what had actually happened to him. I think it is hard with children with any imagination to separate actual facts and fantasy they see on the television most days. I think it would be useful to include this in with some of the topics you have mentioned, such as 34 [*Making up our minds*] or 38 [*Being bored*]. Maybe some of these topics can be brought across in a way most children would understand and appreciate.

28.4 The *positive aspect* of TV was also emphasised:

- We tend to use the radio and TV for news, also documentaries that we feel would benefit our children. There has been a very comprehensive series on 'the living body' on Channel 4 that we have all found very interesting.
- TV also provides wildlife, conservation, history, science and technology, general interest. Very little 'plastic' television watched, e.g., *Dallas, Dynasty*, etc. Children basically allowed to watch anything they specifically wish to see, but with parental guidance.

28.5 The use of *TV in school* was criticised:

- Too much teaching seems to be done by the use of television, videos and computers, and pupil-teacher relationship seems to be a thing of the past.

29. Bible and religion

29.1 This section did not attract a large response, but comments made were usually very emphatic.

29.2 There was a tendency for comments to be made by both parents: 44% of comments were made by both parents as opposed to 40% of mothers and 16% of fathers. This is significant if one considers that the breakdown of questionnaire completion by sex type shows that only 35% of I/F questionnaires were completed by both parents and only 31% of J/M questionnaires were completed by both parents.

29.3 Some comments demanded *more general emphasis* on religion in schools:

- There should still be some religious instruction included in the school curriculum.
- I would like more Christian teaching.
- Religion is an important aspect of a child's development, especially at primary school, and should be given a greater emphasis in all aspects of life, e.g., employment, marriage, etc.

29.4 These respondents wanted *specific religious emphasis* on health education and personal development:

- I would like to see Christian standards, beliefs, and morals, included in the teaching of all sections.
- As the topic of other religions is listed, we as parents feel that the official religion of this country, i.e., Christianity, should be included, and other topics, i.e., 23, 31, 35, 36, 40, 41, 42, and 43 should be dealt with from a Christian standpoint. We feel as practising Christians that this is the only way they can fully and correctly be covered.
- I felt some of the headings would have been more at home under the title 'Religion'.

29.5 Should R.E. *replace* some health education?

- Rather overwhelming list! As a Christian family our priorities are different and so many of our desires are not catered for, e.g., Bible stories, etc., which of course cover the spiritual health — would be happier therefore to see rather more Christian education and thus less health education!!

29.6 The absence of 'Religion' from the *topics list* was noted:

- Why no religious studies?
- We would like religion included as a topic.

29.7 The *negative effect* of religion and dogmatism was cause for concern:

- Topic 30 [*Understanding people with different coloured skins or different religions*] I feel is very important. Children should be taught to understand different people's views or ways of life and accept them if they themselves wish to be accepted for their own beliefs. Perhaps if all children were taught there is only one God (whatever his name or guise!) and perhaps if adults accepted other people's rights which they themselves stand up for, there would be less problems in the world, i.e., wars, etc., caused by religion.
- I feel Topic 30 is very important. Religious education should not be exclusively Christian, and Christianity should not be institutionalised in schools in a society that is now secular. More consideration should be given to other world religions and affairs.

29.8 A Christian background should *reduce the need* for health education in school:

- Being Christian parents we believe that all subjects can be covered at home.
- Primarily I think subjects such as *Menstruation* and *How a baby is made* are the parents' responsibility, but unfortunately some parents don't undertake this. Also many others, such as *Honesty, Stealing, Vandalism*, etc., should be discussed by parents. As Christians we look to the Bible for guidance, and contrary to popular belief the Bible gives us guidance on every aspect of our lives.

29.9 These comments mentioned *specific topics*:

- The question of *Death and bereavement* should be clearly taught, and not like the church would have you believe.
- As Christians we believe that sex education should stress the loving, caring relationship as well as pure biological facts.
- As the English school system is based on the Church of England, which is fundamentally Christian, and Christianity is the belief that Jesus Christ is the one and only way to salvation

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and heaven, it is a contradiction in terms to give equal credence to other religions.

- I am not sure that I would personally be happy to have topics like *Family life* discussed and maybe emphasised by a person who did not reinforce Christian moral standards and attitudes, and instead explored an 'anything goes' attitude in order to encompass society's behaviour.
- Topic 30 [*Understanding people with different coloured skins or different religion*]: I feel this should be two questions. I consider it a good idea to teach about how other people live and why their skins are sometimes different. I feel it is very wrong to teach children about other religions. As a Christian family I would be very much against my child being taught about anti-Christ religions — Exodus 20:4.

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30. Comment beyond the scope of this analysis

30.1 There were many comments about the general way *school is run*:

- *1.* Basic good manners should be encouraged by teachers.

  2. Teachers (and principals) should treat pupils of all ages with a little more respect than is apparent at present. Lessons such as P.E., art, etc., should not be withheld (as they are at present) to punish children for bad behaviour.
- All children given opportunity for swimming lessons. Children aged 9–12 years should be involved in games.
- Special emphasis should be made on developing children's ability to concentrate for longer periods of time. Parent/teacher relationship should be strengthened for benefit of children.
- I would like to see all sweets banned from school. Besides bringing a class distinction into the school, the health of the children's teeth has to be considered. Instead of sweets, allow an apple or fruit of some sort, which is far more inexpensive — better health for the children. It also involves self-discipline.
- A child's progress is not discussed regularly enough with the parents.
- Not enough discipline in school. Classes too large, more good teachers needed. Not enough money spent on school equipment and books. Not easy enough for parents to approach teachers.
- I think junior schools should have at least two nights' homework every week to prepare them for their senior schools.
- Stop homework — learning should be confined to school hours. Leave evenings free for parents to talk, play, read and understand their children.
- Children should be taught to relax and enjoy their school work instead of being seen and not heard.
- More control at home and at school. Crack down on bullying and vandalism at school.
- The idea for this enquiry is to see that mainly the children stay fit and healthy for school. How can this come about when the education committee insist that boys under the age of, say, 11 years have to go to school in shorts right through the cold weather? This causes most of the illnesses and why they have so much time off school.

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30.2 The *general behaviour* of children was criticised:

- I notice that a child's behaviour starts to become important at this age and is influenced by school friends a lot. [*Parents of girl aged 8.*]
- Not enough discipline given or supervision. Children are allowed to come and go as they like. Not enough done about children that miss school.
- *1.* Books should be purchased in preference to comics, e.g., *Superted, Thomas the Tank Engine*, etc.

  2. I feel that more attention should be given to behaviour and manners. A definite deterioration in both has occurred since starting school.
- More discipline.
- I would like to see the cane brought back. It did us no harm, only made us a better adult.
- I think that swearing and bad grammar should be considered socially unacceptable.
- A lot of bullying goes on in schools and a lot is unnoticed and a lot is due to large class numbers.
- I think children should be taught to respect their elders and give up their seats on buses for the elderly.

30.3 The following comments were made *about the survey*:

- I think it would be interesting to find out what the children think, as mine and my son's view differed on some points. I would also be interested to find out if my opinions (as a single parent) were different from joint parents. [*Mother of boy aged 11, in her 30s.*]
- I note that when my child was asked to answer her part of this survey some of the sections were blanked out 'at the request of the PTA'. I would wish to disassociate myself from the move, as I regard this as an infringement of my child's right to express her opinion, and as a total misuse of the PTA, given that it is not a constitutional body and has no control over the curriculum content on the school. I would assume that all the topics mentioned would have been discussed at home and are a necessary part of the child's education.
- Don't take the answer to Topic 34 [*Making up our minds*] too seriously! [Undecided.]

30.4 Different *social customs* were noted:

- She should try to learn how to behave and must observe our religion of Islam strictly.

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30.5 Some respondents commented on the quality of *school meals* in relation to health:

- I think school meals have already taught many children about food and health. My child would not eat bread at home, but would rather take sandwiches than eat the meals at school.
- I also feel that in view of all the publicity about high blood pressure and the British diet, salt containers should not be put on the children's dinner tables!

30.6 An overwhelming majority referred to *how to raise children*, with discipline the prime concern:

- Would like very much to have the 11+ abolished, school-leaving age put up to 17 years, National Service in Britain brought back.
- The children are encouraged to get their books from the local library.
- We appreciate the National Health Service.
- People with different coloured skins and different religions should not in any way interfere with or pollute the traditional British way of life, other than C.E.
- We think it is very important to talk to your children about the world, and everything about them, and to read to them and to spend a lot of time with them.
- I think it is important for a child to have a little job for which they are responsible. It may be caring for a pet, or a little task about the home. I think hobbies should be encouraged as I believe it is the young person with no interest in anything who becomes involved in vandalism, etc.

John Balding: *Parents and Health Education*. HEA Schools Health Education Unit, 1988

Appendix 1: Regional differences

It is inevitable that there would be different levels of response and different qualities of response from the 11 regions in the survey, and attention has been drawn to this as points of interest in the text. Comments within some of the 30 categories are evenly represented from all 11 regions, but some other categories did not attract a similar widespread response. The significance of these differences is uncertain.

The point made in Section 0.2, and repeated here, is that to be certain of regional differences in concern or opinion with respect to the *Just A Tick* list of topics, all respondents would need to be prompted to address the issue under scrutiny. Nevertheless, the apparent regional differences are displayed in the table overleaf — they justify thought and reflection, and, perhaps, further investigation.

Class of comment	Devon	Gwynedd	Hampshire	Liverpool	Newcastle	Norfolk	Notts.	Sandwell	Shropshire	S.Glam.	N.Ireland	Mean
1. *General approval of enquiry*	1.9	5.0	3.2	5.0	3.9	5.3	3.9	4.9	4.2	2.2	4.5	**3.8**
2. *Dismissive of enquiry*	1.9	1.8	3.9	2.6	3.9	4.8	4.5	3.1	2.4	3.1	3.8	**3.3**
3. *General or specific difficulty, &c.*	4.5	8.2	10.1	7.6	8.2	8.4	14.1	4.9	10.1	11.0	6.8	**8.7**
4. *Constructive criticism of questionnaire*	5.8	10.5	5.5	5.0	3.6	5.8	5.1	3.1	7.3	7.2	6.8	**5.9**
5. *Additional topics suggested*	14.3	14.6	18.2	17.8	17.4	14.4	11.3	14.2	14.3	17.6	15.0	**15.6**
6. *General approval of health education, &c.*	14.9	13.7	10.4	14.2	12.1	12.7	9.0	9.9	9.1	18.2	13.5	**12.5**
7. *General disapproval of health education, &c.*	0.4	0.5	0.3	1.7	0.4	0.0	0.6	0.6	0.3	1.3	0.8	**0.6**
8. *General approval of school and staff, &c.*	1.0	1.4	3.2	3.6	3.6	2.3	3.5	4.3	2.8	3.8	0.0	**2.7**
9. *Insufficient space for health education &c.*	2.5	0.9	2.1	2.3	1.8	1.0	1.6	2.5	1.4	1.9	3.0	**1.9**
10. *The '3 Rs' most important*	10.0	4.1	6.5	5.0	2.8	5.8	6.4	5.6	9.4	6.9	3.0	**6.4**
11. *Topics should be taught at a different age*	7.2	6.4	5.4	7.0	2.8	8.1	4.5	9.3	6.3	5.7	6.8	**6.2**
12. *Certain topics do more harm than good*	2.1	1.8	1.0	1.7	0.0	2.3	2.3	1.2	1.7	2.5	0.8	**1.6**
13. *'Hidden curriculum' the best place*	0.4	1.4	0.3	0.0	0.0	0.5	1.9	1.2	1.4	0.0	0.0	**0.6**
14. *Concern for how the topic is taught*	5.4	6.8	6.0	5.6	5.0	8.9	8.7	7.4	9.1	6.0	5.3	**6.7**
15. *Integrated approach suggested*	1.2	3.2	0.6	2.3	2.1	1.3	3.2	1.2	4.5	1.6	0.8	**1.9**
16. *Incidental approach relevant*	4.3	3.2	2.8	4.0	2.1	3.5	4.8	3.1	6.3	3.5	1.5	**3.6**
17. *Shock-horror method needed*	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	**0.1**
18. *Teachers' need for sensitivity*	2.5	2.7	1.8	3.0	2.1	2.5	2.3	1.9	2.8	2.5	1.5	**2.3**
19. *Special teacher preparation necessary*	2.5	0.5	0.3	1.7	1.1	1.0	1.3	1.9	1.4	2.2	0.8	**1.3**
20. *Possible conflict between home & school, &c.*	1.2	0.5	2.6	1.7	2.8	0.8	2.6	1.2	2.1	1.6	0.0	**1.7**
21. *Parents' need to be informed, &c.*	4.3	1.4	4.2	2.6	4.6	4.1	5.8	4.3	4.9	6.0	6.0	**4.4**
22. *School and home*	14.7	13.2	20.5	12.6	13.9	17.7	14.5	10.5	17.8	15.1	10.5	**15.6**
23. *Reluctant — school OK*	3.3	2.3	2.8	2.6	4.3	3.0	3.5	1.9	5.2	5.0	0.8	**3.3**
24. *Home, not school*	6.2	4.6	5.7	6.6	5.7	6.1	5.1	7.4	10.8	6.0	7.5	**6.4**
25. *Mention of other children's needs*	5.8	8.7	8.4	10.6	9.6	9.4	8.7	8.6	10.5	9.7	5.3	**8.7**
26. *Differing health priorities, &c.*	0.2	1.4	0.2	0.7	0.7	1.3	1.3	1.2	1.0	0.9	0.8	**0.8**
27. *Lack of responsibility and caring in society*	1.7	1.4	2.9	4.6	3.2	1.5	2.3	3.7	2.8	2.5	2.3	**2.5**
28. *Influence of TV*	0.4	1.8	1.5	0.3	1.4	1.0	1.6	1.9	0.7	0.0	2.3	**1.0**
29. *Bible and religion*	2.3	1.4	1.3	3.3	0.7	1.8	1.0	1.2	1.4	0.0	0.8	**1.4**
30. *Comment beyond the scope of this analysis*	13.4	8.7	13.3	10.6	12.8	11.9	11.6	20.3	10.1	9.7	18.0	**12.4**
Percentage of respondents making a comment	26.6	21.0	22.9	24.2	21.2	21.7	22.4	17.0	24.9	24.2	13.0	**22.2**
Sample size	484	219	616	302	281	395	311	162	286	318	133	**3507**

Regional levels of response, as a percentage of those parents who made any comment when completing the 'Just A Tick' questionnaire.

Appendix 2: Rank order of the 'Just A Tick' topics

The companion monograph, *Health Education Priorities for the Primary School Curriculum*, examines the national results with respect to the 43 *Just A Tick* topics. The following tables may be of interest: they show how all the adults and pupils in the survey rated the topics in rank order of importance (in the case of the adults) or interest (in the case of the pupils).

Differences and similarities will immediately be noticed. The supreme rating of the topic *Caring for pets* by pupils contrasts with a generally modest level of adult concern; surprisingly, perhaps, *Conservation* shows the same trend, and also, more disturbingly, *First Aid*. Are there messages here for school staff? *Safety at home* and *Water safety*, however, show a high and similar level of approval across most groups. For further information consult *Health Education Priorities for the Primary School Curriculum*, available from the HEA Schools Health Education Unit.

John Balding: *Parents and Health Education*. HEA Schools Health Education Unit, 1988

Topic — List A	Infant/First			Junior/Middle			Boys				Girls			
	Par	Tch	HCP	Par	Tch	HCP	7-8	8-9	9-10	10-11	7-8	8-9	9-10	10-11
1. *How my body works*	16	24	14	8	6	2	14	12	17	24	16	20	23	26
2. *Staying well*	19	16	18	30	14	17	26	28	29	27	24	20	20	22
3. *Immunisation (injections and drops)*	31	29	33	31	30	27	41	41	41	41	35	36	42	40
4. *Illness and recovery*	38	30	35	40	38	39	30	30	27	27	26	29	27	28
5. *Talking with doctors, nurses, dentists*	13	14	9	26	40	23	39	42	43	43	33	33	42	43
6. *Care of hair, teeth, skin*	5	3	3	8	4	2	13	12	14	16	6	6	6	6
7. *Care of eyes*	10	17	11	18	11	14	12	9	9	9	12	16	17	19
8. *Care of feet*	16	18	12	21	15	17	38	38	37	35	29	23	28	32
9. [*How a baby is made*]	32	38	40	14	22	13	25	18	13	12	12	12	10	9
10. *Menstruation (periods)*	41	43	42	15	22	6	43	43	42	39	28	25	20	12
11. *Food and health*	14	9	7	19	7	9	6	10	10	10	17	17	15	18
12. *Drinking alcohol*	39	41	41	26	37	27	32	23	18	20	42	39	38	36
13. *Glue-sniffing*	28	40	37	11	34	23	42	38	33	25	42	39	31	27
14. *Smoking*	26	37	27	12	22	11	36	28	24	20	35	33	23	24
15. *Physical fitness*	10	23	20	7	17	16	4	4	2	3	7	7	7	7
16. [*Understanding needs of handicapped*]	19	20	31	24	21	36	17	26	33	36	12	14	19	16
17. [*Understanding needs of old people*]	23	20	29	26	22	37	16	16	24	23	7	7	12	11
18. *Health and Social Services*	43	42	43	43	43	43	26	30	38	39	23	31	37	40
19. *Safety at home*	4	7	5	12	7	8	5	6	8	7	4	5	5	5
20. *Safety in traffic*	1	1	1	1	1	1	7	7	7	8	12	10	15	20
21. *Water safety*	2	3	2	2	2	5	2	2	4	4	5	4	4	4
22. *First Aid*	23	36	31	17	31	22	8	7	6	5	3	3	2	2
Sample size	5562	415	219	10365	639	230	621	1438	1744	1831	551	1434	1628	1737

Rank position of responses to the 'Just A Tick' topics list — List A

The adults' order is based on responses indicating that the topic 'should be included' in the curriculum, while the children's order is based on levels of 'interest'. Some topic titles have had to be compressed: these are shown in square brackets.

Topic — List B	Infant/First			Junior/Middle			Boys				Girls			
	Par	Tch	HCP	Par	Tch	HCP	7-8	8-9	9-10	10-11	7-8	8-9	9-10	10-11
23. *Family life*	22	8	16	34	28	25	11	12	18	16	10	10	12	12
24. [*Being separated from parents*]	36	30	25	38	39	39	20	20	14	11	20	17	8	7
25. *Death and bereavement*	40	34	38	40	41	41	9	12	11	16	10	14	11	16
26. *Why people worry*	42	38	38	42	41	42	40	40	39	42	35	41	41	40
27. *How boys and girls behave*	33	33	33	31	36	29	32	32	35	32	25	25	34	33
28. *Differences in growth and development*	33	35	36	23	31	21	23	24	26	27	32	23	26	20
29. [*Getting on with other boys and girls*]	14	15	20	22	20	26	26	20	18	20	21	22	22	24
30. [*Differences in race and religion*]	9	13	14	15	9	14	35	36	38	36	33	32	32	30
31. *Feelings (love, hate, anger, jealousy)*	18	11	19	24	19	19	20	18	14	13	18	17	18	15
32. *Bullying*	8	9	10	8	12	19	19	16	18	15	41	42	38	37
33. *Feeling good about yourself*	29	19	22	36	27	32	18	20	23	25	21	25	32	29
34. *Making up our minds*	27	26	29	31	29	38	20	27	31	34	27	29	28	33
35. *Being honest*	3	2	3	2	3	2	15	11	11	13	9	12	12	12
36. *Being responsible*	7	6	6	4	5	7	23	32	30	31	29	25	23	23
37. *Spare-time activities*	29	28	23	35	33	30	9	5	3	2	18	9	8	10
38. *Being bored*	36	32	25	38	35	33	32	32	36	36	40	37	35	33
39. *Caring for pets*	19	5	13	37	26	34	1	1	1	1	1	1	1	1
40. *Vandalism*	10	25	17	6	16	12	36	36	27	30	38	43	38	39
41. *Stealing*	5	12	7	5	10	9	30	32	31	32	29	37	36	37
42. *Pollution*	33	27	27	26	17	34	29	24	18	16	38	33	28	30
43 *Conservation*	25	22	24	20	12	31	2	2	4	5	2	2	3	3
Sample size	5562	415	219	10365	639	230	621	1438	1744	1831	551	1434	1628	1737

Rank position of responses to the 'Just A Tick' topics list — List B

The adults' order is based on responses indicating that the topic 'should be included' in the curriculum, while the children's order is based on levels of 'interest'. Some topic titles have had to be compressed: these are shown in square brackets.

Appendix 3: How to use this book

This book can be opened at almost any page and simply 'enjoyed' for the spontaneous comments from a social diversity of parents with a common concern for their children's wellbeing.

Such a wealth of original material can, however, be used in a more structured way, and the following suggestions are offered as a first step.

By teachers

Range of attitudes Parental views on any aspect of health education can be discovered by reading the quotations in each category — we have set out to represent the widest possible spectrum of opinions. Some are represented by the category titles, but each of the 30 categories may themselves contain a range of sometimes contrasting viewpoints. Even a casual 'dipping' into the comments will initiate a list such as the following:

- Pupils' privacy may be threatened.
- There is a moral dilemma in deciding what is 'good' for young people.
- Who should teach particularly sensitive issues?
- Is special training necessary in certain areas of the curriculum?
- Some parents do not take their responsibilities seriously.
- To what extent should teachers be expected to be social engineers?

These have not been pulled out of the air in an academic brainstorm session, but have been raised spontaneously by parents, and need to be borne in mind by curriculum planners.

Preparation for curriculum work with parents The move towards closer co-operation between parents and school means an obvious overlap of interests. Even before a formal consultative meeting takes place, study of the comments offers a useful rehearsal of the arguments. On the 'forewarned is forearmed' principle, the comments also offer a rehearsal of attitudes likely to be encountered in staff-parent consultations.

Trigger material They are a source of trigger material for use either in staff-parent meetings or for in-service curriculum development. A few sample comments could be circulated to promote discussion.

John Balding: *Parents and Health Education*. HEA Schools Health Education Unit, 1988

Sensitive topics The 43 *Just A Tick* curriculum topics are often referred to by name or number in the text or comments, and their relation to the 30 categories of comment will alert the curriculum planner to specific areas of sensitivity. Appropriate strategies with which to reassure doubting parents can be considered.

Blueprint for analysis The categories identified in this research can be used for analysis if a school decides to use the *Just A Tick* survey to study the views of its own pupils and community.

By parents and governors

Personal perspective Given a chance to study this book, they will be made far more aware of the possible range of views and their own place within them. Again, if the school encourages its parents to complete their own confidential questionnaires and offer their own comments, it will ensure a sensitivity to the spectrum of opinion that should inform the governing body's guidance.

Support for planners It will also, perhaps, encourage a greater sympathy on the part of governors and parents towards the curriculum planners' problems.

Caveat

The opinions expressed by the 'voluntary contributors' to this book represent one-fifth of the parents included in the national *Just A Tick* survey. Since response to this section of the national questionnaire was optional, we had no control over the cross-section of parents represented.

We do, however, believe that the *range* of opinions expressed is comprehensive. Therefore they should be useful and relevant to the strategies outlined above and in any others that are certain to be developed in the course of working with this material.

Health for Life is a set of two teachers' guides to health education written by the Health Education Authority Primary School Project. It will be published in Spring 1989. The suggested age range is 4–11 years.

HEALTH FOR LIFE 1

A teachers' planning guide to health education in the primary school

This will help teachers plan a health education programme that is tailor-made for their school. It is based on a holistic health lifestyles approach, and will help meet the particular needs of pupils, parents, and the community. It will enable the content and sequence of the programme to be planned, tackling themes such as keeping safe, growing up, healthy eating, drugs and medicines, and lifestyles.

A special feature is a set of teachers' worksheets which can be used as starting-points for discussions in school with health professionals and parents. They have also been used successfully by organisers of workshops and courses.

Many teachers will probably want health education materials ready for immediate use. To meet this need, **Health for Life 1** provides over 100 age-specific classroom activities. It is the book for anyone thinking of tackling health education in a primary school.

Health for Life consists of:

- An introduction to the 'healthy lifestyles' approach.
- A Scope and Sequence Chart which suggests topics that can be taught at each age from 4–11.
- A set of age-specific Action Planners to help teachers plan classroom activities.
- Over 100 classroom activities, including suggestions for cross-curricular links and family involvement.
- A set of worksheets to help teachers, parents, and health professionals plan and manage a health education programme.

HEALTH FOR LIFE 2

Health education in the primary school: a teachers' guide to three key topics...

The world of drugs
Keeping myself safe
My relationships

Health for Life 2 will be invaluable to teachers wanting to explore these sensitive areas of the health education curriculum with their pupils. As well as providing an insight into children's perceptions of these topics, it contains a wealth of classroom activities and pupil worksheets to develop a variety of skills.

Health for Life 2 consists of:

- An informative introduction to each topic.
- Over 100 age-specific classroom activities including suggestions for cross-curriculum links and family involvement.
- A set of Action Planners to help plan activities for each topic.
- A set of photocopiable worksheets for each topic.

'Health for Life' was produced by the Health Education Unit, University of Southampton, by a project team consisting of Trefor Williams, Noreen Wetton, and Alysoun Moon. For more details contact the Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX (01-631 0930).

THE HEA SCHOOLS HEALTH EDUCATION UNIT

Funded by the Health Education Authority, the Schools Health Education Unit supports health education initiatives in primary and secondary schools. It provides 'health topics' surveys and health-related behaviour analyses for use by schools and Authorities throughout the UK.

A variety of methods have been under continuous development, review, and validation to enable the school, Health Authority, or Education Authority to do either or both of the following:

1. Consult primary or secondary school parents, teachers, pupils, and health-care professionals on their view of priorities for a health education/social education component within the curriculum. This is done through an enquiry method under the umbrella title of *Just A Tick*.

2. Discover the levels of behaviour of upper middle and secondary-school pupils over a wide range of health issues, including

Alcohol consumption	**Money**
Dental care	**Physical activity**
Diet	**Road use**
Drugs	**Self-esteem**
Homework	**Sharing problems**
Hygiene	**Smoking**
Jobs	**Social activities**
Leisure pursuits	**Time to bed/time up**
Medication	**TV, videos, etc.**

This enquiry instrument, under the title of *The Health Related Behaviour Questionnaire*, is currently in its 11th version.

Our journal *Education and Health*, published five times a year, is designed to pass on the results of recent research into health-related behaviour, and to provide a forum for debate among teachers, health-education specialists, and others concerned with the healthy development of young people.

For further information about the work of the Unit, the questionnaire services available, and the use of the data banks for research, contact the Director, John Balding:

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